

**State of Illinois**

**Department of Healthcare and Family Services**

**Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions**

**Version -1.0**

**Last Revision Date: 05-12-2011**

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B1**    *Billing Transaction Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-----------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Accepted Paid   |          |                               |             |      |       |            |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**B1** *Billing Transaction Response*

| Field<br>Number | Field ID<br>Field Name | Format | Size | Pic | HFS Status |
|-----------------|------------------------|--------|------|-----|------------|
|-----------------|------------------------|--------|------|-----|------------|

#### Accepted Paid

|                    |                             |             |           |       |     |  |
|--------------------|-----------------------------|-------------|-----------|-------|-----|--|
| Response Insurance | SITUATIONAL                 | Segment ID: | <b>25</b> |       |     |  |
| 111                | AM Segment Identification   | A/N         | 2         | X(2)  | Req |  |
| 301                | C1 Group ID                 | A/N         | 15        | X(15) | Sit |  |
| 524                | FO Plan ID                  | A/N         | 8         | X(8)  | Sit |  |
| 545                | 2F Network Reimbursement ID | A/N         | 10        | X(10) | Sit |  |
| 568                | J7 Payer ID Qualifier       | A/N         | 2         | X(2)  | Sit |  |
| 569                | J8 Payer ID                 | A/N         | 10        | X(10) | Sit |  |

# State of Illinois

## Department of Healthcare and Family Services

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#### **B1** *Billing Transaction Response*

| Field Number    | Field ID  | Field Name                                | Format    | Size | Pic   | HFS Status |                   |
|-----------------|-----------|---|-----------|------|-------|------------|-------------------|
| Accepted Paid   |           |   |           |      |       |            |                   |
| Response Status | MANDATORY | Segment ID:                               | <b>21</b> |      |       |            |                   |
| 111             | AM        | Segment Identification                    | A/N       | 2    | X(2)  | Req        |                   |
| 112             | AN        | Transaction Response Status               | A/N       | 1    | X(1)  | Req        |                   |
| 503             | F3        | Authorization Number                      | A/N       | 20   | X(20) | Req        |                   |
| 130             | UF        | Additional Message Information Count      | N         | 2    | 9(2)  | Sit        |                   |
| 132             | UH        | Additional Message Information Qualifier  | A/N       | 2    | X(2)  | Sit        | *Repeating-Field* |
| 526             | FQ        | Additional Message Information            | A/N       | 40   | X(40) | Sit        | *Repeating-Field* |
| 131             | UG        | Additional Message Information Continuity | A/N       | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549             | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)  | Req        |                   |
| 550             | 8F        | Help Desk Phone Number                    | A/N       | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**B1** *Billing Transaction Response*

| Field<br>Number | Field ID | Field Name | Format | Size | Pic | HFS Status |
|-----------------|----------|------------|--------|------|-----|------------|
|-----------------|----------|------------|--------|------|-----|------------|

#### Accepted Paid

|                |           |             |           |
|----------------|-----------|-------------|-----------|
| Response Claim | MANDATORY | Segment ID: | <b>22</b> |
|----------------|-----------|-------------|-----------|

|     |    |                        |     |   |      |     |
|-----|----|------------------------|-----|---|------|-----|
| 111 | AM | Segment Identification | A/N | 2 | X(2) | Req |
|-----|----|------------------------|-----|---|------|-----|

|     |    |   |     |   |      |     |
|-----|----|---|-----|---|------|-----|
| 455 | EM | Prescription/Service Reference Number Qualifier | A/N | 1 | X(1) | Req |
|-----|----|---|-----|---|------|-----|

Value '1' for prescription Number.  
Value '2' for Service Reference Number

|     |    |                                       |   |    |       |     |
|-----|----|---------------------------------------|---|----|-------|-----|
| 402 | D2 | Prescription/Service Reference Number | N | 12 | 9(12) | Req |
|-----|----|---------------------------------------|---|----|-------|-----|

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B1** *Billing Transaction Response*

|        |          |            |        |      |     |            |
|--------|----------|------------|--------|------|-----|------------|
| Field  | Field ID |            | Format | Size | Pic | HFS Status |
| Number |          | Field Name |        |      |     |            |

#### Accepted Paid

|                  |           |                                      |           |   |          |     |
|------------------|-----------|--------------------------------------|-----------|---|----------|-----|
| Response Pricing | MANDATORY | Segment ID:                          | <b>23</b> |   |          |     |
| 111              | AM        | Segment Identification               | A/N       | 2 | X(2)     | Req |
| 505              | F5        | Patient Pay Amount                   | N         | 8 | S9(6)v99 | Req |
| 506              | F6        | Ingredient Cost Paid                 | N         | 8 | S9(6)v99 | Req |
| 507              | F7        | Dispensing Fee Paid                  | N         | 8 | S9(6)v99 | Req |
| 521              | FL        | Incentive Amount Paid                | N         | 8 | S9(6)v99 | Sit |
| 562              | J1        | Professional Service Fee Paid        | N         | 8 | S9(6)v99 | Sit |
| 566              | J5        | Other Payer Amount Recognized        | N         | 8 | S9(6)v99 | Sit |
| 509              | F9        | Total Amount Paid                    | N         | 8 | S9(6)v99 | Req |
| 522              | FM        | Basis Of Reimbursement Determination | N         | 2 | 9(2)     | Req |
| 518              | FI        | Amount Of Copay/Coinsurance          | N         | 8 | S9(6)v99 | Sit |
| 346              | HH        | Basis of Calculation Dispensing Fee  | A/N       | 2 | X(2)     | Sit |
| 347              | HJ        | Basis of Calculation Copay           | A/N       | 2 | X(2)     | Sit |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B1** Billing Transaction Response

|        |          |            |        |      |     |     |        |
|--------|----------|------------|--------|------|-----|-----|--------|
| Field  | Field ID |            | Format | Size | Pic | HFS | Status |
| Number |          | Field Name |        |      |     |     |        |

#### Accepted Paid

|          |         |                               |             |           |          |     |                   |
|----------|---------|-------------------------------|-------------|-----------|----------|-----|-------------------|
| Response | DUR/PPS | SITUATIONAL                   | Segment ID: | <b>24</b> |          |     |                   |
| 111      | AM      | Segment Identification        | A/N         | 2         | X(2)     | Req |                   |
| 567      | J6      | DUR/PPS Response Code Counter | N           | 1         | 9(1)     | Req | *Repeating-Field* |
| 439      | E4      | Reason For Service Code       | A/N         | 2         | X(2)     | Req | *Repeating-Field* |
| 528      | FS      | Clinical Significance Code    | A/N         | 1         | X(1)     | Req | *Repeating-Field* |
| 529      | FT      | Other Pharmacy Indicator      | N           | 1         | 9(1)     | Req | *Repeating-Field* |
| 531      | FV      | Quantity Of Previous Fill     | N           | 10        | 9(7)v999 | Req | *Repeating-Field* |
| 530      | FU      | Previous Date Of Fill         | N           | 8         | 9(8)     | Req | *Repeating-Field* |
| 532      | FW      | Database Indicator            | A/N         | 1         | X(1)     | Req | *Repeating-Field* |
| 533      | FX      | Other Prescriber Indicator    | N           | 1         | 9(1)     | Req | *Repeating-Field* |
| 544      | FY      | DUR Free Text Message         | A/N         | 30        | X(30)    | Req | *Repeating-Field* |
| 570      | NS      | DUR Additional Text           | A/N         | 100       | X(100)   | Sit | *Repeating-Field* |

# State of Illinois

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#### **B1** *Billing Transaction Response*

| Field Number             | Field ID    | Field Name                            | Format    | Size | Pic   | HFS Status |                   |
|--------------------------|-------------|---------------------------------------|-----------|------|-------|------------|-------------------|
| Accepted Paid            |             |                                       |           |      |       |            |                   |
| Response Coordination of | SITUATIONAL | Segment ID:                           | <b>28</b> |      |       |            |                   |
| 111                      | AM          | Segment Identification                | A/N       | 2    | X(2)  | Req        |                   |
| 355                      | NT          | Other Payer ID Count                  | N         | 1    | 9(1)  | Req        |                   |
| 338                      | 5C          | Other Payer Coverage Type             | A/N       | 2    | X(2)  | Req        | *Repeating-Field* |
| 339                      | 6C          | Other Payer ID Qualifier              | A/N       | 2    | X(2)  | Req        | *Repeating-Field* |
| 340                      | 7C          | Other Payer ID                        | A/N       | 10   | X(10) | Req        | *Repeating-Field* |
| 356                      | NU          | Other Payer Cardholder ID             | A/N       | 20   | X(20) | Req        | *Repeating-Field* |
| 992                      | MJ          | Other Payer Group ID                  | A/N       | 15   | X(15) | Req        | *Repeating-Field* |
| 143                      | UW          | Other Payer Patient Relationship Code | N         | 1    | 9(1)  | Req        | *Repeating-Field* |
| 144                      | UX          | Other Payer Benefit Effective Date    | N         | 8    | 9(8)  | Req        | *Repeating-Field* |
| 145                      | UY          | Other Payer Benefit Termination Date  | N         | 8    | 9(8)  | Req        | *Repeating-Field* |

# State of Illinois

## Department of Healthcare and Family Services

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#### **B1** Billing Transaction Response

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS | Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|-----|--------|--|
| Accepted Rejected |          |                               |             |      |       |     |        |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |     |        |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req |        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req |        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req |        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req |        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req |        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req |        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req |        |  |

# State of Illinois

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**B1** *Billing Transaction Response*

| Field<br>Number    | Field ID    | Field Name               | Format    | Size | Pic   | HFS Status |
|--------------------|-------------|--------------------------|-----------|------|-------|------------|
| Accepted Rejected  |             |                          |           |      |       |            |
| Response Insurance | SITUATIONAL | Segment ID:              | <b>25</b> |      |       |            |
| 111                | AM          | Segment Identification   | A/N       | 2    | X(2)  | Req        |
| 301                | C1          | Group ID                 | A/N       | 15   | X(15) | Sit        |
| 524                | FO          | Plan ID                  | A/N       | 8    | X(8)  | Sit        |
| 545                | 2F          | Network Reimbursement ID | A/N       | 10   | X(10) | Sit        |
| 568                | J7          | Payer ID Qualifier       | A/N       | 2    | X(2)  | Sit        |
| 569                | J8          | Payer ID                 | A/N       | 10   | X(10) | Sit        |

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| Field Number    | Field ID | Field Name                                | Format    | Size | Pic                   | HFS | Status |                   |
|-----------------|----------|---|-----------|------|-----------------------|-----|--------|-------------------|
|                 |          |   | Accepted  |      | Rejected              |     |        |                   |
| Response Status |          |   | MANDATORY |      | Segment ID: <b>21</b> |     |        |                   |
| 111             | AM       | Segment Identification                    | A/N       | 2    | X(2)                  | Req |        |                   |
| 112             | AN       | Transaction Response Status               | A/N       | 1    | X(1)                  | Req |        |                   |
| 503             | F3       | Authorization Number                      | A/N       | 20   | X(20)                 | Req |        |                   |
| 510             | FA       | Reject Count                              | N         | 2    | 9(2)                  | Req |        |                   |
| 511             | FB       | Reject Code                               | A/N       | 3    | X(3)                  | Req |        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N         | 2    | 9(2)                  | Sit |        | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N         | 2    | 9(2)                  | Sit |        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N       | 2    | X(2)                  | Sit |        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N       | 40   | X(40)                 | Sit |        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N       | 1    | X(1)                  | Sit |        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)                  | Req |        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N       | 18   | X(18)                 | Req |        |                   |
| 987             | MA       | URL                                       | A/N       | 255  | X(255)                | Req |        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**B1** *Billing Transaction Response*

| Field Number   | Field ID | Field Name                                      | Format      | Size | Pic      | HFS Status |  |
|----------------|----------|---|-------------|------|----------|------------|--|
|                |          |   | Accepted    |      | Rejected |            |  |
| Response Claim |          | MANDATORY                                       | Segment ID: |      | 22       |            |  |
| 111            | AM       | Segment Identification                          | A/N         | 2    | X(2)     | Req        |  |
| 455            | EM       | Prescription/Service Reference Number Qualifier | A/N         | 1    | X(1)     | Req        | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2       | Prescription/Service Reference Number           | N           | 12   | 9(12)    | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B1** Billing Transaction Response

| Field Number | Field ID | Field Name                    | Format      | Size      | Pic      | HFS | Status            |
|--------------|----------|-------------------------------|-------------|-----------|----------|-----|-------------------|
|              |          |                               | Accepted    | Rejected  |          |     |                   |
| Response     | DUR/PPS  | SITUATIONAL                   | Segment ID: | <b>24</b> |          |     |                   |
| 111          | AM       | Segment Identification        | A/N         | 2         | X(2)     | Req |                   |
| 567          | J6       | DUR/PPS Response Code Counter | N           | 1         | 9(1)     | Sit | *Repeating-Field* |
| 439          | E4       | Reason For Service Code       | A/N         | 2         | X(2)     | Sit | *Repeating-Field* |
| 528          | FS       | Clinical Significance Code    | A/N         | 1         | X(1)     | Sit | *Repeating-Field* |
| 529          | FT       | Other Pharmacy Indicator      | N           | 1         | 9(1)     | Sit | *Repeating-Field* |
| 531          | FV       | Quantity Of Previous Fill     | N           | 10        | 9(7)v999 | Sit | *Repeating-Field* |
| 530          | FU       | Previous Date Of Fill         | N           | 8         | 9(8)     | Sit | *Repeating-Field* |
| 532          | FW       | Database Indicator            | A/N         | 1         | X(1)     | Sit | *Repeating-Field* |
| 533          | FX       | Other Prescriber Indicator    | N           | 1         | 9(1)     | Sit | *Repeating-Field* |
| 544          | FY       | DUR Free Text Message         | A/N         | 30        | X(30)    | Sit | *Repeating-Field* |
| 570          | NS       | DUR Additional Text           | A/N         | 100       | X(100)   | Sit | *Repeating-Field* |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B1** Billing Transaction Response

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B1** Billing Transaction Response

| Field Number      | Field ID  | Field Name                                | Format    | Size | Pic   | HFS | Status            |
|-------------------|-----------|---|-----------|------|-------|-----|-------------------|
| Rejected Rejected |           |   |           |      |       |     |                   |
| Response Status   | MANDATORY | Segment ID:                               | <b>21</b> |      |       |     |                   |
| 111               | AM        | Segment Identification                    | A/N       | 2    | X(2)  | Req |                   |
| 112               | AN        | Transaction Response Status               | A/N       | 1    | X(1)  | Req |                   |
| 503               | F3        | Authorization Number                      | A/N       | 20   | X(20) | Req |                   |
| 510               | FA        | Reject Count                              | N         | 2    | 9(2)  | Req |                   |
| 511               | FB        | Reject Code                               | A/N       | 3    | X(3)  | Req | *Repeating-Field* |
| 546               | 4F        | Reject Field Occurrence Indicator         | N         | 2    | 9(2)  | Sit | *Repeating-Field* |
| 130               | UF        | Additional Message Information Count      | N         | 2    | 9(2)  | Sit |                   |
| 132               | UH        | Additional Message Information Qualifier  | A/N       | 2    | X(2)  | Sit | *Repeating-Field* |
| 526               | FQ        | Additional Message Information            | A/N       | 40   | X(40) | Sit | *Repeating-Field* |
| 131               | UG        | Additional Message Information Continuity | A/N       | 1    | X(1)  | Sit | *Repeating-Field* |
| 549               | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)  | Req |                   |
| 550               | 8F        | Help Desk Phone Number                    | A/N       | 18   | X(18) | Req |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B2**    *Reversal Transaction Response*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS | Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|-----|--------|--|
| Accepted Approved |          |                               |             |      |       |     |        |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |     |        |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req |        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req |        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req |        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req |        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req |        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req |        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B2** *Reversal Transaction Response*

| Field Number    | Field ID | Field Name                                | Format      | Size | Pic       | HFS Status |                   |
|-----------------|----------|---|-------------|------|-----------|------------|-------------------|
|                 |          |   | Accepted    |      | Approved  |            |                   |
| Response Status |          | MANDATORY                                 | Segment ID: |      | <b>21</b> |            |                   |
| 111             | AM       | Segment Identification                    | A/N         | 2    | X(2)      | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N         | 1    | X(1)      | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N         | 20   | X(20)     | Req        |                   |
| 130             | UF       | Additional Message Information Count      | N           | 2    | 9(2)      | Req        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N         | 2    | X(2)      | Req        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N         | 40   | X(40)     | Req        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N         | 1    | X(1)      | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N         | 2    | X(2)      | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N         | 18   | X(18)     | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**B2** *Reversal Transaction Response*

| Field Number   | Field ID | Field Name                                      | Format      | Size | Pic      | HFS | Status |  |
|----------------|----------|---|-------------|------|----------|-----|--------|--|
|                |          |   | Accepted    |      | Approved |     |        |  |
| Response Claim |          | MANDATORY                                       | Segment ID: |      | 22       |     |        |  |
| 111            | AM       | Segment Identification                          | A/N         | 2    | X(2)     |     | Req    |  |
| 455            | EM       | Prescription/Service Reference Number Qualifier | A/N         | 1    | X(1)     |     | Req    | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2       | Prescription/Service Reference Number           | N           | 12   | 9(12)    |     | Req    |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B2**    *Reversal Transaction Response*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS | Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|-----|--------|--|
| Accepted Rejected |          |                               |             |      |       |     |        |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |     |        |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req |        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req |        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req |        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req |        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req |        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req |        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B2** *Reversal Transaction Response*

| Field Number    | Field ID | Field Name                                | Format      | Size | Pic       | HFS Status |                   |
|-----------------|----------|---|-------------|------|-----------|------------|-------------------|
|                 |          |   | Accepted    |      | Rejected  |            |                   |
| Response Status |          | MANDATORY                                 | Segment ID: |      | <b>21</b> |            |                   |
| 111             | AM       | Segment Identification                    | A/N         | 2    | X(2)      | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N         | 1    | X(1)      | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N         | 20   | X(20)     | Req        |                   |
| 510             | FA       | Reject Count                              | N           | 2    | 9(2)      | Req        |                   |
| 511             | FB       | Reject Code                               | A/N         | 3    | X(3)      | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N           | 2    | 9(2)      | Sit        | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N           | 2    | 9(2)      | Sit        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N         | 2    | X(2)      | Sit        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N         | 40   | X(40)     | Sit        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N         | 1    | X(1)      | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N         | 2    | X(2)      | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N         | 18   | X(18)     | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**B2** *Reversal Transaction Response*

| Field Number   | Field ID | Field Name                                      | Format      | Size | Pic      | HFS Status |  |
|----------------|----------|---|-------------|------|----------|------------|--|
|                |          |   | Accepted    |      | Rejected |            |  |
| Response Claim |          | MANDATORY                                       | Segment ID: |      | 22       |            |  |
| 111            | AM       | Segment Identification                          | A/N         | 2    | X(2)     | Req        |  |
| 455            | EM       | Prescription/Service Reference Number Qualifier | A/N         | 1    | X(1)     | Req        | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2       | Prescription/Service Reference Number           | N           | 12   | 9(12)    | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B2** *Reversal Transaction Response*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B2** *Reversal Transaction Response*

| Field Number      | Field ID  | Field Name                                | Format    | Size | Pic   | HFS | Status            |
|-------------------|-----------|---|-----------|------|-------|-----|-------------------|
| Rejected Rejected |           |   |           |      |       |     |                   |
| Response Status   | MANDATORY | Segment ID:                               | <b>21</b> |      |       |     |                   |
| 111               | AM        | Segment Identification                    | A/N       | 2    | X(2)  | Req |                   |
| 112               | AN        | Transaction Response Status               | A/N       | 1    | X(1)  | Req |                   |
| 503               | F3        | Authorization Number                      | A/N       | 20   | X(20) | Req |                   |
| 510               | FA        | Reject Count                              | N         | 2    | 9(2)  | Req |                   |
| 511               | FB        | Reject Code                               | A/N       | 3    | X(3)  | Req | *Repeating-Field* |
| 546               | 4F        | Reject Field Occurrence Indicator         | N         | 2    | 9(2)  | Sit | *Repeating-Field* |
| 130               | UF        | Additional Message Information Count      | N         | 2    | 9(2)  | Sit |                   |
| 132               | UH        | Additional Message Information Qualifier  | A/N       | 2    | X(2)  | Sit | *Repeating-Field* |
| 526               | FQ        | Additional Message Information            | A/N       | 40   | X(40) | Sit | *Repeating-Field* |
| 131               | UG        | Additional Message Information Continuity | A/N       | 1    | X(1)  | Sit | *Repeating-Field* |
| 549               | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)  | Req |                   |
| 550               | 8F        | Help Desk Phone Number                    | A/N       | 18   | X(18) | Req |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-----------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Accepted Paid   |          |                               |             |      |       |            |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**B3**    *Rebill Transaction Response*

| Field<br>Number | Field ID | Field Name | Format | Size | Pic | HFS Status |
|-----------------|----------|------------|--------|------|-----|------------|
|-----------------|----------|------------|--------|------|-----|------------|

#### Accepted Paid

|                    |             |                          |           |    |       |     |
|--------------------|-------------|--------------------------|-----------|----|-------|-----|
| Response Insurance | SITUATIONAL | Segment ID:              | <b>25</b> |    |       |     |
| 111                | AM          | Segment Identification   | A/N       | 2  | X(2)  | Req |
| 301                | C1          | Group ID                 | A/N       | 15 | X(15) | Sit |
| 524                | FO          | Plan ID                  | A/N       | 8  | X(8)  | Sit |
| 545                | 2F          | Network Reimbursement ID | A/N       | 10 | X(10) | Sit |
| 568                | J7          | Payer ID Qualifier       | A/N       | 2  | X(2)  | Sit |
| 569                | J8          | Payer ID                 | A/N       | 10 | X(10) | Sit |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

| Field Number    | Field ID  | Field Name                                | Format    | Size | Pic   | HFS Status |                   |
|-----------------|-----------|---|-----------|------|-------|------------|-------------------|
| Accepted Paid   |           |   |           |      |       |            |                   |
| Response Status | MANDATORY | Segment ID:                               | <b>21</b> |      |       |            |                   |
| 111             | AM        | Segment Identification                    | A/N       | 2    | X(2)  | Req        |                   |
| 112             | AN        | Transaction Response Status               | A/N       | 1    | X(1)  | Req        |                   |
| 503             | F3        | Authorization Number                      | A/N       | 20   | X(20) | Req        |                   |
| 547             | 5F        | Approved Message Code Count               | N         | 1    | 9(1)  | Sit        |                   |
| 548             | 6F        | Approved Message Code                     | A/N       | 3    | X(3)  | Sit        | *Repeating-Field* |
| 130             | UF        | Additional Message Information Count      | N         | 2    | 9(2)  | Sit        |                   |
| 132             | UH        | Additional Message Information Qualifier  | A/N       | 2    | X(2)  | Sit        | *Repeating-Field* |
| 526             | FQ        | Additional Message Information            | A/N       | 40   | X(40) | Sit        | *Repeating-Field* |
| 131             | UG        | Additional Message Information Continuity | A/N       | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549             | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)  | Req        |                   |
| 550             | 8F        | Help Desk Phone Number                    | A/N       | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**B3**   *Rebill Transaction Response*

| Field<br>Number | Field ID | Field Name | Format | Size | Pic | HFS Status |
|-----------------|----------|------------|--------|------|-----|------------|
|-----------------|----------|------------|--------|------|-----|------------|

#### Accepted Paid

|                |           |             |           |
|----------------|-----------|-------------|-----------|
| Response Claim | MANDATORY | Segment ID: | <b>22</b> |
|----------------|-----------|-------------|-----------|

|     |    |                        |     |   |      |     |
|-----|----|------------------------|-----|---|------|-----|
| 111 | AM | Segment Identification | A/N | 2 | X(2) | Req |
|-----|----|------------------------|-----|---|------|-----|

|     |    |   |     |   |      |     |
|-----|----|---|-----|---|------|-----|
| 455 | EM | Prescription/Service Reference Number Qualifier | A/N | 1 | X(1) | Req |
|-----|----|---|-----|---|------|-----|

Value '1' for prescription Number.  
Value '2' for Service Reference Number

|     |    |                                       |   |    |       |     |
|-----|----|---------------------------------------|---|----|-------|-----|
| 402 | D2 | Prescription/Service Reference Number | N | 12 | 9(12) | Req |
|-----|----|---------------------------------------|---|----|-------|-----|

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

|        |          |            |        |      |     |            |
|--------|----------|------------|--------|------|-----|------------|
| Field  | Field ID |            | Format | Size | Pic | HFS Status |
| Number |          | Field Name |        |      |     |            |

#### Accepted Paid

|                  |           |                                      |           |   |          |     |
|------------------|-----------|--------------------------------------|-----------|---|----------|-----|
| Response Pricing | MANDATORY | Segment ID:                          | <b>23</b> |   |          |     |
| 111              | AM        | Segment Identification               | A/N       | 2 | X(2)     | Req |
| 505              | F5        | Patient Pay Amount                   | N         | 8 | S9(6)v99 | Req |
| 506              | F6        | Ingredient Cost Paid                 | N         | 8 | S9(6)v99 | Req |
| 507              | F7        | Dispensing Fee Paid                  | N         | 8 | S9(6)v99 | Req |
| 521              | FL        | Incentive Amount Paid                | N         | 8 | S9(6)v99 | Sit |
| 562              | J1        | Professional Service Fee Paid        | N         | 8 | S9(6)v99 | Sit |
| 566              | J5        | Other Payer Amount Recognized        | N         | 8 | S9(6)v99 | Sit |
| 509              | F9        | Total Amount Paid                    | N         | 8 | S9(6)v99 | Req |
| 522              | FM        | Basis Of Reimbursement Determination | N         | 2 | 9(2)     | Req |
| 518              | FI        | Amount Of Copay/Coinsurance          | N         | 8 | S9(6)v99 | Sit |
| 346              | HH        | Basis of Calculation Dispensing Fee  | A/N       | 2 | X(2)     | Sit |
| 347              | HJ        | Basis of Calculation Copay           | A/N       | 2 | X(2)     | Sit |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

| Field<br>Number | Field ID | Field Name | Format | Size | Pic | HFS Status |
|-----------------|----------|------------|--------|------|-----|------------|
|-----------------|----------|------------|--------|------|-----|------------|

#### Accepted Paid

| Response | DUR/PPS | SITUATIONAL                   | Segment ID: | <b>24</b>                         |
|----------|---------|-------------------------------|-------------|-----------------------------------|
| 111      | AM      | Segment Identification        | A/N         | 2 X(2) Req                        |
| 567      | J6      | DUR/PPS Response Code Counter | N           | 1 9(1) Req *Repeating-Field*      |
| 439      | E4      | Reason For Service Code       | A/N         | 2 X(2) Req *Repeating-Field*      |
| 528      | FS      | Clinical Significance Code    | A/N         | 1 X(1) Req *Repeating-Field*      |
| 529      | FT      | Other Pharmacy Indicator      | N           | 1 9(1) Req *Repeating-Field*      |
| 531      | FV      | Quantity Of Previous Fill     | N           | 10 9(7)v999 Req *Repeating-Field* |
| 530      | FU      | Previous Date Of Fill         | N           | 8 9(8) Req *Repeating-Field*      |
| 532      | FW      | Database Indicator            | A/N         | 1 X(1) Req *Repeating-Field*      |
| 533      | FX      | Other Prescriber Indicator    | N           | 1 9(1) Req *Repeating-Field*      |
| 544      | FY      | DUR Free Text Message         | A/N         | 30 X(30) Req *Repeating-Field*    |
| 570      | NS      | DUR Additional Text           | A/N         | 100 X(100) Sit *Repeating-Field*  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

|        |          |            |        |      |     |            |
|--------|----------|------------|--------|------|-----|------------|
| Field  | Field ID |            | Format | Size | Pic | HFS Status |
| Number |          | Field Name |        |      |     |            |

#### Accepted Paid

|          |                 |                                       |             |           |       |                          |
|----------|-----------------|---------------------------------------|-------------|-----------|-------|--------------------------|
| Response | Coordination of | SITUATIONAL                           | Segment ID: | <b>28</b> |       |                          |
| 111      | AM              | Segment Identification                | A/N         | 2         | X(2)  | Req                      |
| 355      | NT              | Other Payer ID Count                  | N           | 1         | 9(1)  | Req                      |
| 338      | 5C              | Other Payer Coverage Type             | A/N         | 2         | X(2)  | Req    *Repeating-Field* |
| 339      | 6C              | Other Payer ID Qualifier              | A/N         | 2         | X(2)  | Req    *Repeating-Field* |
| 340      | 7C              | Other Payer ID                        | A/N         | 10        | X(10) | Req    *Repeating-Field* |
| 356      | NU              | Other Payer Cardholder ID             | A/N         | 20        | X(20) | Req    *Repeating-Field* |
| 992      | MJ              | Other Payer Group ID                  | A/N         | 15        | X(15) | Req    *Repeating-Field* |
| 143      | UW              | Other Payer Patient Relationship Code | N           | 1         | 9(1)  | Req    *Repeating-Field* |
| 144      | UX              | Other Payer Benefit Effective Date    | N           | 8         | 9(8)  | Req    *Repeating-Field* |
| 145      | UY              | Other Payer Benefit Termination Date  | N           | 8         | 9(8)  | Req    *Repeating-Field* |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic      | HFS | Status |  |
|-----------------|----------|-------------------------------|-------------|------|----------|-----|--------|--|
|                 |          |                               | Accepted    |      | Rejected |     |        |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |          |     |        |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)     | Req |        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)     | Req |        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)     | Req |        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)     | Req |        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)     | Req |        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15)    | Req |        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)     | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

| Field Number       | Field ID    | Field Name               | Format    | Size | Pic   | HFS Status |
|--------------------|-------------|--------------------------|-----------|------|-------|------------|
| Accepted Rejected  |             |                          |           |      |       |            |
| Response Insurance | SITUATIONAL | Segment ID:              | <b>25</b> |      |       |            |
| 111                | AM          | Segment Identification   | A/N       | 2    | X(2)  | Req        |
| 301                | C1          | Group ID                 | A/N       | 15   | X(15) | Sit        |
| 524                | FO          | Plan ID                  | A/N       | 8    | X(8)  | Sit        |
| 545                | 2F          | Network Reimbursement ID | A/N       | 10   | X(10) | Sit        |
| 568                | J7          | Payer ID Qualifier       | A/N       | 2    | X(2)  | Sit        |
| 569                | J8          | Payer ID                 | A/N       | 10   | X(10) | Sit        |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

| Field<br>Number | Field ID | Field Name                                | Format      | Size | Pic       | HFS | Status            |
|-----------------|----------|---|-------------|------|-----------|-----|-------------------|
|                 |          |   | Accepted    |      | Rejected  |     |                   |
| Response Status |          | MANDATORY                                 | Segment ID: |      | <b>21</b> |     |                   |
| 111             | AM       | Segment Identification                    | A/N         | 2    | X(2)      | Req |                   |
| 112             | AN       | Transaction Response Status               | A/N         | 1    | X(1)      | Req |                   |
| 503             | F3       | Authorization Number                      | A/N         | 20   | X(20)     | Req |                   |
| 510             | FA       | Reject Count                              | N           | 2    | 9(2)      | Req |                   |
| 511             | FB       | Reject Code                               | A/N         | 3    | X(3)      | Req | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N           | 2    | 9(2)      | Sit | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N           | 2    | 9(2)      | Sit |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N         | 2    | X(2)      | Sit | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N         | 40   | X(40)     | Sit | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N         | 1    | X(1)      | Sit | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N         | 2    | X(2)      | Req |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N         | 18   | X(18)     | Req |                   |
| 987             | MA       | URL                                       | A/N         | 255  | X(255)    | Req |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**B3**    *Rebill Transaction Response*

| Field Number   | Field ID | Field Name                                      | Format      | Size | Pic      | HFS | Status |  |
|----------------|----------|---|-------------|------|----------|-----|--------|--|
|                |          |   | Accepted    |      | Rejected |     |        |  |
| Response Claim |          | MANDATORY                                       | Segment ID: |      | 22       |     |        |  |
| 111            | AM       | Segment Identification                          | A/N         | 2    | X(2)     |     | Req    |  |
| 455            | EM       | Prescription/Service Reference Number Qualifier | A/N         | 1    | X(1)     |     | Req    | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2       | Prescription/Service Reference Number           | N           | 12   | 9(12)    |     | Req    |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

| Field Number     | Field ID    | Field Name                    | Format            | Size | Pic      | HFS | Status            |
|------------------|-------------|-------------------------------|-------------------|------|----------|-----|-------------------|
|                  |             |                               | Accepted Rejected |      |          |     |                   |
| Response DUR/PPS | SITUATIONAL | Segment ID:                   | <b>24</b>         |      |          |     |                   |
| 111              | AM          | Segment Identification        | A/N               | 2    | X(2)     | Req |                   |
| 567              | J6          | DUR/PPS Response Code Counter | N                 | 1    | 9(1)     | Sit | *Repeating-Field* |
| 439              | E4          | Reason For Service Code       | A/N               | 2    | X(2)     | Sit | *Repeating-Field* |
| 528              | FS          | Clinical Significance Code    | A/N               | 1    | X(1)     | Sit | *Repeating-Field* |
| 529              | FT          | Other Pharmacy Indicator      | N                 | 1    | 9(1)     | Sit | *Repeating-Field* |
| 531              | FV          | Quantity Of Previous Fill     | N                 | 10   | 9(7)v999 | Sit | *Repeating-Field* |
| 530              | FU          | Previous Date Of Fill         | N                 | 8    | 9(8)     | Sit | *Repeating-Field* |
| 532              | FW          | Database Indicator            | A/N               | 1    | X(1)     | Sit | *Repeating-Field* |
| 533              | FX          | Other Prescriber Indicator    | N                 | 1    | 9(1)     | Sit | *Repeating-Field* |
| 544              | FY          | DUR Free Text Message         | A/N               | 30   | X(30)    | Sit | *Repeating-Field* |
| 570              | NS          | DUR Additional Text           | A/N               | 100  | X(100)   | Sit | *Repeating-Field* |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **B3**    *Rebill Transaction Response*

| Field<br>Number   | Field ID | Field Name                                | Format                | Size | Pic   | HFS Status |                   |
|-------------------|----------|---|-----------------------|------|-------|------------|-------------------|
| Rejected Rejected |          |   |                       |      |       |            |                   |
| Response Status   |          | MANDATORY                                 | Segment ID: <b>21</b> |      |       |            |                   |
| 111               | AM       | Segment Identification                    | A/N                   | 2    | X(2)  | Req        |                   |
| 112               | AN       | Transaction Response Status               | A/N                   | 1    | X(1)  | Req        |                   |
| 503               | F3       | Authorization Number                      | A/N                   | 20   | X(20) | Req        |                   |
| 510               | FA       | Reject Count                              | N                     | 2    | 9(2)  | Req        |                   |
| 511               | FB       | Reject Code                               | A/N                   | 3    | X(3)  | Req        | *Repeating-Field* |
| 546               | 4F       | Reject Field Occurrence Indicator         | N                     | 2    | 9(2)  | Sit        | *Repeating-Field* |
| 130               | UF       | Additional Message Information Count      | N                     | 2    | 9(2)  | Sit        |                   |
| 132               | UH       | Additional Message Information Qualifier  | A/N                   | 2    | X(2)  | Sit        | *Repeating-Field* |
| 526               | FQ       | Additional Message Information            | A/N                   | 40   | X(40) | Sit        | *Repeating-Field* |
| 131               | UG       | Additional Message Information Continuity | A/N                   | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549               | 7F       | Help Desk Phone Number Qualifier          | A/N                   | 2    | X(2)  | Req        |                   |
| 550               | 8F       | Help Desk Phone Number                    | A/N                   | 18   | X(18) | req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

| Field Number     | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Accepted Benefit |          |                               |             |      |       |            |  |
| Response Header  |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102              | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103              | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109              | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501              | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202              | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201              | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401              | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### ***D1*** *Predetermination of Benefits Response*

| Field<br>Number | Field ID | Field Name | Format | Size | Pic | HFS Status |
|-----------------|----------|------------|--------|------|-----|------------|
|-----------------|----------|------------|--------|------|-----|------------|

#### Accepted Benefit

Response Insurance      SITUATIONAL

Segment ID: **25**

|     |    |                        |     |    |       |     |
|-----|----|------------------------|-----|----|-------|-----|
| 111 | AM | Segment Identification | A/N | 2  | X(2)  | Req |
| 302 | C2 | Cardholder ID          | A/N | 20 | X(20) | Req |

9 byte numeric HFS recipient number for all transactions. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**D1** *Predetermination of Benefits Response*

| Field<br>Number | Field ID<br>Field Name | Format | Size | Pic | HFS Status |
|-----------------|------------------------|--------|------|-----|------------|
|-----------------|------------------------|--------|------|-----|------------|

#### Accepted Benefit

Response Patient Segment    SITUATIONAL

Segment ID: **29**

|     |    |                        |     |    |       |     |
|-----|----|------------------------|-----|----|-------|-----|
| 111 | AM | Segment Identification | A/N | 2  | X(2)  | Req |
| 310 | CA | Patient First Name     | A/N | 12 | X(12) | Req |
| 311 | CB | Patient Last Name      | A/N | 15 | X(15) | Req |
| 304 | C4 | Date Of Birth          | N   | 8  | 9(8)  | Req |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

| Field Number     | Field ID  | Field Name                                | Format    | Size | Pic   | HFS Status |                   |
|------------------|-----------|---|-----------|------|-------|------------|-------------------|
| Accepted Benefit |           |   |           |      |       |            |                   |
| Response Status  | MANDATORY | Segment ID:                               | <b>21</b> |      |       |            |                   |
| 111              | AM        | Segment Identification                    | A/N       | 2    | X(2)  | Req        |                   |
| 112              | AN        | Transaction Response Status               | A/N       | 1    | X(1)  | Req        |                   |
| 503              | F3        | Authorization Number                      | A/N       | 20   | X(20) | Req        |                   |
| 130              | UF        | Additional Message Information Count      | N         | 2    | 9(2)  | Req        |                   |
| 132              | UH        | Additional Message Information Qualifier  | A/N       | 2    | X(2)  | Req        | *Repeating-Field* |
| 526              | FQ        | Additional Message Information            | A/N       | 40   | X(40) | Req        | *Repeating-Field* |
| 131              | UG        | Additional Message Information Continuity | A/N       | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549              | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)  | Req        |                   |
| 550              | 8F        | Help Desk Phone Number                    | A/N       | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

| Field<br>Number | Field ID | Field Name | Format | Size | Pic | HFS Status |
|-----------------|----------|------------|--------|------|-----|------------|
|-----------------|----------|------------|--------|------|-----|------------|

#### Accepted Benefit

|                |           |             |           |  |  |  |
|----------------|-----------|-------------|-----------|--|--|--|
| Response Claim | MANDATORY | Segment ID: | <b>22</b> |  |  |  |
|----------------|-----------|-------------|-----------|--|--|--|

|     |    |                        |     |   |      |     |
|-----|----|------------------------|-----|---|------|-----|
| 111 | AM | Segment Identification | A/N | 2 | X(2) | Req |
|-----|----|------------------------|-----|---|------|-----|

|     |    |   |     |   |      |     |
|-----|----|---|-----|---|------|-----|
| 455 | EM | Prescription/Service Reference Number Qualifier | A/N | 1 | X(1) | Req |
|-----|----|---|-----|---|------|-----|

Value '1' for prescription Number.  
Value '2' for Service Reference Number

|     |    |                                       |   |    |       |     |
|-----|----|---------------------------------------|---|----|-------|-----|
| 402 | D2 | Prescription/Service Reference Number | N | 12 | 9(12) | Req |
|-----|----|---------------------------------------|---|----|-------|-----|

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

|        |          |            |        |      |     |            |
|--------|----------|------------|--------|------|-----|------------|
| Field  | Field ID |            | Format | Size | Pic | HFS Status |
| Number |          | Field Name |        |      |     |            |

#### Accepted Benefit

|                  |           |   |           |   |          |     |
|------------------|-----------|---|-----------|---|----------|-----|
| Response Pricing | MANDATORY | Segment ID:   | <b>23</b> |   |          |     |
| 111              | AM        | Segment Identification                              | A/N       | 2 | X(2)     | Req |
| 505              | F5        | Patient Pay Amount                                  | N         | 8 | S9(6)v99 | Req |
| 517              | FH        | Amount Applied To Periodic Deductible               | N         | 8 | S9(6)v99 | Sit |
| 518              | FI        | Amount Of Copay/Coinsurance                         | N         | 8 | S9(6)v99 | Sit |
| 520              | FK        | Amount Exceeding Periodic Benefit Maximum           | N         | 8 | S9(6)v99 | Sit |
| 572              | 4U        | Amount of Coinsurance                               | N         | 8 | S9(6)v99 | Sit |
| 134              | UK        | Amount Attributed to Product Selection / Brand Drug | N         | 8 | S9(6)v99 | Sit |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

|        |          |            |        |      |     |            |
|--------|----------|------------|--------|------|-----|------------|
| Field  | Field ID |            | Format | Size | Pic | HFS Status |
| Number |          | Field Name |        |      |     |            |

#### Accepted Benefit

|                  |                               |             |           |          |     |                   |
|------------------|-------------------------------|-------------|-----------|----------|-----|-------------------|
| Response DUR/PPS | SITUATIONAL                   | Segment ID: | <b>24</b> |          |     |                   |
| 111 AM           | Segment Identification        | A/N         | 2         | X(2)     | Req |                   |
| 567 J6           | DUR/PPS Response Code Counter | N           | 1         | 9(1)     | Sit | *Repeating-Field* |
| 439 E4           | Reason For Service Code       | A/N         | 2         | X(2)     | Sit | *Repeating-Field* |
| 528 FS           | Clinical Significance Code    | A/N         | 1         | X(1)     | Sit | *Repeating-Field* |
| 529 FT           | Other Pharmacy Indicator      | N           | 1         | 9(1)     | Sit | *Repeating-Field* |
| 531 FV           | Quantity Of Previous Fill     | N           | 10        | 9(7)v999 | Sit | *Repeating-Field* |
| 530 FU           | Previous Date Of Fill         | N           | 8         | 9(8)     | Sit | *Repeating-Field* |
| 532 FW           | Database Indicator            | A/N         | 1         | X(1)     | Sit | *Repeating-Field* |
| 533 FX           | Other Prescriber Indicator    | N           | 1         | 9(1)     | Sit | *Repeating-Field* |
| 544 FY           | DUR Free Text Message         | A/N         | 30        | X(30)    | Sit | *Repeating-Field* |
| 570 NS           | DUR Additional Text           | A/N         | 100       | X(100)   | Sit | *Repeating-Field* |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

| Field Number             | Field ID    | Field Name                            | Format    | Size | Pic   | HFS Status            |
|--------------------------|-------------|---------------------------------------|-----------|------|-------|-----------------------|
| Accepted Benefit         |             |                                       |           |      |       |                       |
| Response Coordination of | SITUATIONAL | Segment ID:                           | <b>28</b> |      |       |                       |
| 111                      | AM          | Segment Identification                | A/N       | 2    | X(2)  | Req                   |
| 338                      | 5C          | Other Payer Coverage Type             | A/N       | 2    | X(2)  | Req *Repeating-Field* |
| 355                      | NT          | Other Payer ID Count                  | N         | 1    | 9(1)  | Sit                   |
| 339                      | 6C          | Other Payer ID Qualifier              | A/N       | 2    | X(2)  | Sit *Repeating-Field* |
| 340                      | 7C          | Other Payer ID                        | A/N       | 10   | X(10) | Sit *Repeating-Field* |
| 991                      | MH          | Other Payer Processor Control Number  | A/N       | 10   | X(10) | Sit *Repeating-Field* |
| 356                      | NU          | Other Payer Cardholder ID             | A/N       | 20   | X(20) | Sit *Repeating-Field* |
| 992                      | MJ          | Other Payer Group ID                  | A/N       | 15   | X(15) | Sit *Repeating-Field* |
| 142                      | UV          | Other Payer Person Code               | A/N       | 3    | X(3)  | Sit *Repeating-Field* |
| 127                      | UB          | Other Payer Help Desk Phone Number    | A/N       | 18   | X(18) | Sit *Repeating-Field* |
| 143                      | UW          | Other Payer Patient Relationship Code | N         | 1    | 9(1)  | Sit *Repeating-Field* |
| 144                      | UX          | Other Payer Benefit Effective Date    | N         | 8    | 9(8)  | Sit *Repeating-Field* |
| 145                      | UY          | Other Payer Benefit Termination Date  | N         | 8    | 9(8)  | Sit *Repeating-Field* |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic      | HFS | Status |  |
|-----------------|----------|-------------------------------|-------------|------|----------|-----|--------|--|
|                 |          |                               | Accepted    |      | Rejected |     |        |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |          |     |        |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)     | Req |        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)     | Req |        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)     | Req |        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)     | Req |        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)     | Req |        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15)    | Req |        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)     | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

| Field Number       | Field ID | Field Name             | Format      | Size | Pic       | HFS Status |   |
|--------------------|----------|------------------------|-------------|------|-----------|------------|---|
|                    |          |                        |             |      |           |            | Accepted Rejected   |
| Response Insurance |          | SITUATIONAL            | Segment ID: |      | <b>25</b> |            |   |
| 111                | AM       | Segment Identification | A/N         | 2    | X(2)      | Req        |   |
| 302                | C2       | Cardholder ID          | A/N         | 20   | X(20)     | Req        | 9 byte numeric HFS recipient number for all transactions. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed. |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**D1** *Predetermination of Benefits Response*

| Field Number             | Field ID    | Field Name             | Format    | Size | Pic   | HFS Status |
|--------------------------|-------------|------------------------|-----------|------|-------|------------|
| Accepted Rejected        |             |                        |           |      |       |            |
| Response Patient Segment | SITUATIONAL | Segment ID:            | <b>29</b> |      |       |            |
| 111                      | AM          | Segment Identification | A/N       | 2    | X(2)  | Req        |
| 310                      | CA          | Patient First Name     | A/N       | 12   | X(12) | Sit        |
| 311                      | CB          | Patient Last Name      | A/N       | 15   | X(15) | Sit        |
| 304                      | C4          | Date Of Birth          | N         | 8    | 9(8)  | Sit        |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

| Field Number    | Field ID | Field Name                                | Format    | Size | Pic                   | HFS Status |                   |
|-----------------|----------|---|-----------|------|-----------------------|------------|-------------------|
|                 |          |   | Accepted  |      | Rejected              |            |                   |
| Response Status |          |   | MANDATORY |      | Segment ID: <b>21</b> |            |                   |
| 111             | AM       | Segment Identification                    | A/N       | 2    | X(2)                  | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N       | 1    | X(1)                  | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N       | 20   | X(20)                 | Req        |                   |
| 510             | FA       | Reject Count                              | N         | 2    | 9(2)                  | Req        |                   |
| 511             | FB       | Reject Code                               | A/N       | 3    | X(3)                  | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N         | 2    | 9(2)                  | Req        | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N         | 2    | 9(2)                  | Req        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N       | 2    | X(2)                  | Req        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N       | 40   | X(40)                 | Req        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N       | 1    | X(1)                  | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)                  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N       | 18   | X(18)                 | Req        |                   |
| 987             | MA       | URL                                       | A/N       | 255  | X(255)                | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

| Field Number   | Field ID  | Field Name                                      | Format    | Size | Pic   | HFS Status |  |
|----------------|-----------|---|-----------|------|-------|------------|--|
|                |           |   |           |      |       |            | Accepted Rejected  |
| Response Claim | MANDATORY | Segment ID:                                     | <b>22</b> |      |       |            |  |
| 111            | AM        | Segment Identification                          | A/N       | 2    | X(2)  | Req        |  |
| 455            | EM        | Prescription/Service Reference Number Qualifier | A/N       | 1    | X(1)  | Req        | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2        | Prescription/Service Reference Number           | N         | 12   | 9(12) | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** Predetermination of Benefits Response

| Field Number                         | Field ID | Field Name                            | Format      | Size | Pic       | HFS Status |                   |
|--------------------------------------|----------|---------------------------------------|-------------|------|-----------|------------|-------------------|
|                                      |          |                                       | Accepted    |      | Rejected  |            |                   |
| Response Coordination of SITUATIONAL |          |                                       | Segment ID: |      | <b>28</b> |            |                   |
| 111                                  | AM       | Segment Identification                | A/N         | 2    | X(2)      | Req        |                   |
| 355                                  | NT       | Other Payer ID Count                  | N           | 1    | 9(1)      | Sit        |                   |
| 338                                  | 5C       | Other Payer Coverage Type             | A/N         | 2    | X(2)      | Req        | *Repeating-Field* |
| 339                                  | 6C       | Other Payer ID Qualifier              | A/N         | 2    | X(2)      | Sit        | *Repeating-Field* |
| 340                                  | 7C       | Other Payer ID                        | A/N         | 10   | X(10)     | Sit        | *Repeating-Field* |
| 991                                  | MH       | Other Payer Processor Control Number  | A/N         | 10   | X(10)     | Sit        | *Repeating-Field* |
| 356                                  | NU       | Other Payer Cardholder ID             | A/N         | 20   | X(20)     | Sit        | *Repeating-Field* |
| 992                                  | MJ       | Other Payer Group ID                  | A/N         | 15   | X(15)     | Sit        | *Repeating-Field* |
| 142                                  | UV       | Other Payer Person Code               | A/N         | 3    | X(3)      | Sit        | *Repeating-Field* |
| 127                                  | UB       | Other Payer Help Desk Phone Number    | A/N         | 18   | X(18)     | Sit        | *Repeating-Field* |
| 143                                  | UW       | Other Payer Patient Relationship Code | N           | 1    | 9(1)      | Sit        | *Repeating-Field* |
| 144                                  | UX       | Other Payer Benefit Effective Date    | N           | 8    | 9(8)      | Sit        | *Repeating-Field* |
| 145                                  | UY       | Other Payer Benefit Termination Date  | N           | 8    | 9(8)      | Sit        | *Repeating-Field* |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **D1** *Predetermination of Benefits Response*

| Field Number    | Field ID | Field Name                                | Format                | Size | Pic   | HFS Status |                   |
|-----------------|----------|---|-----------------------|------|-------|------------|-------------------|
|                 |          |   | Rejected Rejected     |      |       |            |                   |
| Response Status |          |   | MANDATORY             |      |       |            |                   |
|                 |          |   | Segment ID: <b>21</b> |      |       |            |                   |
| 111             | AM       | Segment Identification                    | A/N                   | 2    | X(2)  | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N                   | 1    | X(1)  | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N                   | 20   | X(20) | Req        |                   |
| 510             | FA       | Reject Count                              | N                     | 2    | 9(2)  | Req        |                   |
| 511             | FB       | Reject Code                               | A/N                   | 3    | X(3)  | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N                     | 2    | 9(2)  | Sit        | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N                     | 2    | 9(2)  | Req        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N                   | 2    | X(2)  | Req        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N                   | 40   | X(40) | Req        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N                   | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N                   | 2    | X(2)  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N                   | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **E1** *Eligibility Verification Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic      | HFS | Status |  |
|-----------------|----------|-------------------------------|-------------|------|----------|-----|--------|--|
|                 |          |                               | Accepted    |      | Approved |     |        |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |          |     |        |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)     | Req |        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)     | Req |        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)     | Req |        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)     | Req |        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)     | Req |        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15)    | Req |        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)     | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **E1** *Eligibility Verification Response*

| Field<br>Number | Field ID | Field Name | Format | Size | Pic | HFS Status |
|-----------------|----------|------------|--------|------|-----|------------|
|-----------------|----------|------------|--------|------|-----|------------|

#### Accepted Approved

Response Insurance      SITUATIONAL

Segment ID: **25**

111   AM   Segment Identification

A/N      2   X(2)      Req

302   C2   Cardholder ID

A/N      20   X(20)      Req

9 byte numeric HFS recipient number for all transactions. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **E1** *Eligibility Verification Response*

| Field<br>Number          | Field ID    | Field Name             | Format    | Size | Pic   | HFS Status |
|--------------------------|-------------|------------------------|-----------|------|-------|------------|
| Accepted Approved        |             |                        |           |      |       |            |
| Response Patient Segment | SITUATIONAL | Segment ID:            | <b>29</b> |      |       |            |
| 111                      | AM          | Segment Identification | A/N       | 2    | X(2)  | Req        |
| 310                      | CA          | Patient First Name     | A/N       | 12   | X(12) | Req        |
| 311                      | CB          | Patient Last Name      | A/N       | 15   | X(15) | Req        |
| 304                      | C4          | Date Of Birth          | N         | 8    | 9(8)  | Req        |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **E1** *Eligibility Verification Response*

| Field Number    | Field ID | Field Name                                | Format      | Size | Pic       | HFS Status |                   |
|-----------------|----------|---|-------------|------|-----------|------------|-------------------|
|                 |          |   | Accepted    |      | Approved  |            |                   |
| Response Status |          | MANDATORY                                 | Segment ID: |      | <b>21</b> |            |                   |
| 111             | AM       | Segment Identification                    | A/N         | 2    | X(2)      | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N         | 1    | X(1)      | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N         | 20   | X(20)     | Req        |                   |
| 130             | UF       | Additional Message Information Count      | N           | 2    | 9(2)      | Req        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N         | 2    | X(2)      | Req        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N         | 40   | X(40)     | Req        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N         | 1    | X(1)      | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N         | 2    | X(2)      | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N         | 18   | X(18)     | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **E1** *Eligibility Verification Response*

| Field Number                         | Field ID | Field Name                           | Format                | Size | Pic   | HFS Status |                   |
|--------------------------------------|----------|--------------------------------------|-----------------------|------|-------|------------|-------------------|
|                                      |          |                                      | Accepted Approved     |      |       |            |                   |
| Response Coordination of SITUATIONAL |          |                                      | Segment ID: <b>28</b> |      |       |            |                   |
| 111                                  | AM       | Segment Identification               | A/N                   | 2    | X(2)  | Req        |                   |
| 355                                  | NT       | Other Payer ID Count                 | N                     | 1    | 9(1)  | Req        |                   |
| 338                                  | 5C       | Other Payer Coverage Type            | A/N                   | 2    | X(2)  | Req        | *Repeating-Field* |
| 339                                  | 6C       | Other Payer ID Qualifier             | A/N                   | 2    | X(2)  | Req        | *Repeating-Field* |
| 340                                  | 7C       | Other Payer ID                       | A/N                   | 10   | X(10) | Req        | *Repeating-Field* |
| 992                                  | MJ       | Other Payer Group ID                 | A/N                   | 15   | X(15) | Req        | *Repeating-Field* |
| 144                                  | UX       | Other Payer Benefit Effective Date   | N                     | 8    | 9(8)  | Req        | *Repeating-Field* |
| 145                                  | UY       | Other Payer Benefit Termination Date | N                     | 8    | 9(8)  | Req        | *Repeating-Field* |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **E1** *Eligibility Verification Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic      | HFS | Status |  |
|-----------------|----------|-------------------------------|-------------|------|----------|-----|--------|--|
|                 |          |                               | Accepted    |      | Rejected |     |        |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |          |     |        |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)     | Req |        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)     | Req |        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)     | Req |        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)     | Req |        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)     | Req |        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15)    | Req |        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)     | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **E1** *Eligibility Verification Response*

| Field Number             | Field ID    | Field Name             | Format    | Size | Pic   | HFS Status |
|--------------------------|-------------|------------------------|-----------|------|-------|------------|
| Accepted Rejected        |             |                        |           |      |       |            |
| Response Patient Segment | SITUATIONAL | Segment ID:            | <b>29</b> |      |       |            |
| 111                      | AM          | Segment Identification | A/N       | 2    | X(2)  | Req        |
| 310                      | CA          | Patient First Name     | A/N       | 12   | X(12) | Sit        |
| 311                      | CB          | Patient Last Name      | A/N       | 15   | X(15) | Sit        |
| 304                      | C4          | Date Of Birth          | N         | 8    | 9(8)  | Sit        |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **E1** *Eligibility Verification Response*

| Field Number    | Field ID | Field Name                                | Format    | Size | Pic                   | HFS | Status            |
|-----------------|----------|---|-----------|------|-----------------------|-----|-------------------|
|                 |          |   | Accepted  |      | Rejected              |     |                   |
| Response Status |          |   | MANDATORY |      | Segment ID: <b>21</b> |     |                   |
| 111             | AM       | Segment Identification                    | A/N       | 2    | X(2)                  | Req |                   |
| 112             | AN       | Transaction Response Status               | A/N       | 1    | X(1)                  | Req |                   |
| 503             | F3       | Authorization Number                      | A/N       | 20   | X(20)                 | Req |                   |
| 510             | FA       | Reject Count                              | N         | 2    | 9(2)                  | Req |                   |
| 511             | FB       | Reject Code                               | A/N       | 3    | X(3)                  | Req | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N         | 2    | 9(2)                  | Req |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N       | 2    | X(2)                  | Req | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N       | 40   | X(40)                 | Req | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N       | 1    | X(1)                  | Sit | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)                  | Req |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N       | 18   | X(18)                 | Req |                   |
| 987             | MA       | URL                                       | A/N       | 255  | X(255)                | Req |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **E1** *Eligibility Verification Response*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **E1** *Eligibility Verification Response*

| Field Number    | Field ID | Field Name                       | Format      | Size | Pic       | HFS Status |                   |
|-----------------|----------|----------------------------------|-------------|------|-----------|------------|-------------------|
|                 |          |                                  | Rejected    |      | Rejected  |            |                   |
| Response Status |          | MANDATORY                        | Segment ID: |      | <b>21</b> |            |                   |
| 111             | AM       | Segment Identification           | A/N         | 2    | X(2)      | Req        |                   |
| 112             | AN       | Transaction Response Status      | A/N         | 1    | X(1)      | Req        |                   |
| 503             | F3       | Authorization Number             | A/N         | 20   | X(20)     | Req        |                   |
| 510             | FA       | Reject Count                     | N           | 2    | 9(2)      | Req        |                   |
| 511             | FB       | Reject Code                      | A/N         | 3    | X(3)      | Req        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier | A/N         | 2    | X(2)      | Req        |                   |
| 550             | 8F       | Help Desk Phone Number           | A/N         | 18   | X(18)     | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P2** *Prior Approval Reversal Response (Claim)*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Accepted Approved |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P2** *Prior Approval Reversal Response (Claim)*

| Field Number    | Field ID | Field Name                                | Format                | Size | Pic   | HFS Status |                   |
|-----------------|----------|---|-----------------------|------|-------|------------|-------------------|
|                 |          |   | Accepted Approved     |      |       |            |                   |
| Response Status |          |   | MANDATORY             |      |       |            |                   |
|                 |          |   | Segment ID: <b>21</b> |      |       |            |                   |
| 111             | AM       | Segment Identification                    | A/N                   | 2    | X(2)  | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N                   | 1    | X(1)  | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N                   | 20   | X(20) | Req        |                   |
| 130             | UF       | Additional Message Information Count      | N                     | 2    | 9(2)  | Req        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N                   | 2    | X(2)  | Req        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N                   | 40   | X(40) | Req        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N                   | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N                   | 2    | X(2)  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N                   | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P2** *Prior Approval Reversal Response (Claim)*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic      | HFS | Status |  |
|-----------------|----------|-------------------------------|-------------|------|----------|-----|--------|--|
|                 |          |                               | Accepted    |      | Rejected |     |        |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |          |     |        |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)     | Req |        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)     | Req |        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)     | Req |        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)     | Req |        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)     | Req |        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15)    | Req |        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)     | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P2** *Prior Approval Reversal Response (Claim)*

| Field Number    | Field ID | Field Name                                | Format      | Size | Pic       | HFS Status |                   |
|-----------------|----------|---|-------------|------|-----------|------------|-------------------|
|                 |          |   | Accepted    |      | Rejected  |            |                   |
| Response Status |          | MANDATORY                                 | Segment ID: |      | <b>21</b> |            |                   |
| 111             | AM       | Segment Identification                    | A/N         | 2    | X(2)      | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N         | 1    | X(1)      | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N         | 20   | X(20)     | Req        |                   |
| 510             | FA       | Reject Count                              | N           | 2    | 9(2)      | Req        |                   |
| 511             | FB       | Reject Code                               | A/N         | 3    | X(3)      | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N           | 2    | 9(2)      | Sit        | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N           | 2    | 9(2)      | Sit        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N         | 2    | X(2)      | Sit        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N         | 40   | X(40)     | Sit        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N         | 1    | X(1)      | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N         | 2    | X(2)      | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N         | 18   | X(18)     | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P2** *Prior Approval Reversal Response (Claim)*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P2** *Prior Approval Reversal Response (Claim)*

| Field Number      | Field ID  | Field Name                                | Format    | Size | Pic   | HFS Status |                   |
|-------------------|-----------|---|-----------|------|-------|------------|-------------------|
| Rejected Rejected |           |   |           |      |       |            |                   |
| Response Status   | MANDATORY | Segment ID:                               | <b>21</b> |      |       |            |                   |
| 111               | AM        | Segment Identification                    | A/N       | 2    | X(2)  | Req        |                   |
| 112               | AN        | Transaction Response Status               | A/N       | 1    | X(1)  | Req        |                   |
| 503               | F3        | Authorization Number                      | A/N       | 20   | X(20) | Req        |                   |
| 510               | FA        | Reject Count                              | N         | 2    | 9(2)  | Req        |                   |
| 511               | FB        | Reject Code                               | A/N       | 3    | X(3)  | Req        | *Repeating-Field* |
| 546               | 4F        | Reject Field Occurrence Indicator         | N         | 2    | 9(2)  | Sit        | *Repeating-Field* |
| 130               | UF        | Additional Message Information Count      | N         | 2    | 9(2)  | Sit        |                   |
| 132               | UH        | Additional Message Information Qualifier  | A/N       | 2    | X(2)  | Sit        | *Repeating-Field* |
| 526               | FQ        | Additional Message Information            | A/N       | 40   | X(40) | Sit        | *Repeating-Field* |
| 131               | UG        | Additional Message Information Continuity | A/N       | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549               | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)  | Req        |                   |
| 550               | 8F        | Help Desk Phone Number                    | A/N       | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Accepted Approved |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number    | Field ID | Field Name                                | Format      | Size | Pic       | HFS Status |                   |
|-----------------|----------|---|-------------|------|-----------|------------|-------------------|
|                 |          |   |             |      |           |            | Accepted Approved |
| Response Status |          | MANDATORY                                 | Segment ID: |      | <b>21</b> |            |                   |
| 111             | AM       | Segment Identification                    | A/N         | 2    | X(2)      | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N         | 1    | X(1)      | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N         | 20   | X(20)     | Req        |                   |
| 130             | UF       | Additional Message Information Count      | N           | 2    | 9(2)      | Sit        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N         | 2    | X(2)      | Sit        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N         | 40   | X(40)     | Sit        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N         | 1    | X(1)      | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N         | 2    | X(2)      | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N         | 18   | X(18)     | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number   | Field ID | Field Name                                      | Format      | Size | Pic      | HFS | Status |  |
|----------------|----------|---|-------------|------|----------|-----|--------|--|
|                |          |   | Accepted    |      | Approved |     |        |  |
| Response Claim |          | MANDATORY                                       | Segment ID: |      | 22       |     |        |  |
| 111            | AM       | Segment Identification                          | A/N         | 2    | X(2)     |     | Req    |  |
| 455            | EM       | Prescription/Service Reference Number Qualifier | A/N         | 1    | X(1)     |     | Req    | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2       | Prescription/Service Reference Number           | N           | 12   | 9(12)    |     | Req    |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field<br>Number | Field ID<br>Field Name | Format | Size | Pic | HFS Status |
|-----------------|------------------------|--------|------|-----|------------|
|-----------------|------------------------|--------|------|-----|------------|

#### Accepted Approved

Response Prior Authorization MANDATORY Segment ID: **26**

|     |    |                                     |     |    |       |     |
|-----|----|-------------------------------------|-----|----|-------|-----|
| 111 | AM | Segment Identification              | A/N | 2  | X(2)  | Req |
| 498 | PR | Prior Authorization Processed Date  | N   | 8  | 9(8)  | Req |
| 498 | PS | Prior Authorization Effective Date  | N   | 8  | 9(8)  | Req |
| 498 | PT | Prior Authorization Expiration Date | N   | 8  | 9(8)  | Req |
| 498 | PY | Prior Authorization Number Assigned | N   | 11 | 9(11) | Req |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Accepted Captured |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number    | Field ID | Field Name                                | Format            | Size | Pic       | HFS Status |                   |
|-----------------|----------|---|-------------------|------|-----------|------------|-------------------|
|                 |          |   | Accepted Captured |      |           |            |                   |
| Response Status |          | MANDATORY                                 | Segment ID:       |      | <b>21</b> |            |                   |
| 111             | AM       | Segment Identification                    | A/N               | 2    | X(2)      | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N               | 1    | X(1)      | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N               | 20   | X(20)     | Req        |                   |
| 130             | UF       | Additional Message Information Count      | N                 | 2    | 9(2)      | Req        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N               | 2    | X(2)      | Req        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N               | 40   | X(40)     | Req        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N               | 1    | X(1)      | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N               | 2    | X(2)      | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N               | 18   | X(18)     | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Accepted Deferred |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number      | Field ID  | Field Name                                | Format    | Size | Pic   | HFS Status |                   |
|-------------------|-----------|---|-----------|------|-------|------------|-------------------|
| Accepted Deferred |           |   |           |      |       |            |                   |
| Response Status   | MANDATORY | Segment ID:                               | <b>21</b> |      |       |            |                   |
| 111               | AM        | Segment Identification                    | A/N       | 2    | X(2)  | Req        |                   |
| 112               | AN        | Transaction Response Status               | A/N       | 1    | X(1)  | Req        |                   |
| 503               | F3        | Authorization Number                      | A/N       | 20   | X(20) | Req        |                   |
| 130               | UF        | Additional Message Information Count      | N         | 2    | 9(2)  | Req        |                   |
| 132               | UH        | Additional Message Information Qualifier  | A/N       | 2    | X(2)  | Req        | *Repeating-Field* |
| 526               | FQ        | Additional Message Information            | A/N       | 40   | X(40) | Req        | *Repeating-Field* |
| 131               | UG        | Additional Message Information Continuity | A/N       | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549               | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)  | Req        |                   |
| 550               | 8F        | Help Desk Phone Number                    | A/N       | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number   | Field ID  | Field Name                                      | Format    | Size | Pic   | HFS Status |  |
|----------------|-----------|---|-----------|------|-------|------------|--|
|                |           |   |           |      |       |            | Accepted Deferred  |
| Response Claim | MANDATORY | Segment ID:                                     | <b>22</b> |      |       |            |  |
| 111            | AM        | Segment Identification                          | A/N       | 2    | X(2)  | Req        |  |
| 455            | EM        | Prescription/Service Reference Number Qualifier | A/N       | 1    | X(1)  | Req        | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2        | Prescription/Service Reference Number           | N         | 12   | 9(12) | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field<br>Number | Field ID<br>Field Name | Format | Size | Pic | HFS Status |
|-----------------|------------------------|--------|------|-----|------------|
|-----------------|------------------------|--------|------|-----|------------|

Accepted Deferred

|  |                       |     |    |       |     |
|--|-----------------------|-----|----|-------|-----|
| Response Prior AuthorizationSITUATIONAL    | Segment ID: <b>26</b> |     |    |       |     |
| 111 AM Segment Identification              |                       | A/N | 2  | X(2)  | Req |
| 498 PR Prior Authorization Processed Date  |                       | N   | 8  | 9(8)  | Req |
| 498 PS Prior Authorization Effective Date  |                       | N   | 8  | 9(8)  | Req |
| 498 PT Prior Authorization Expiration Date |                       | N   | 8  | 9(8)  | Req |
| 498 PY Prior Authorization Number Assigned |                       | N   | 11 | 9(11) | Req |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic      | HFS | Status |  |
|-----------------|----------|-------------------------------|-------------|------|----------|-----|--------|--|
|                 |          |                               | Accepted    |      | Rejected |     |        |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |          |     |        |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)     | Req |        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)     | Req |        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)     | Req |        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)     | Req |        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)     | Req |        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15)    | Req |        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)     | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number    | Field ID | Field Name                                | Format    | Size | Pic                   | HFS Status |                   |
|-----------------|----------|---|-----------|------|-----------------------|------------|-------------------|
|                 |          |   | Accepted  |      | Rejected              |            |                   |
| Response Status |          |   | MANDATORY |      | Segment ID: <b>21</b> |            |                   |
| 111             | AM       | Segment Identification                    | A/N       | 2    | X(2)                  | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N       | 1    | X(1)                  | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N       | 20   | X(20)                 | Req        |                   |
| 510             | FA       | Reject Count                              | N         | 2    | 9(2)                  | Req        |                   |
| 511             | FB       | Reject Code                               | A/N       | 3    | X(3)                  | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N         | 2    | 9(2)                  | Sit        | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N         | 2    | 9(2)                  | Req        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N       | 2    | X(2)                  | Req        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N       | 40   | X(40)                 | Req        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N       | 1    | X(1)                  | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)                  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N       | 18   | X(18)                 | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number   | Field ID | Field Name                                      | Format      | Size | Pic       | HFS Status |  |
|----------------|----------|---|-------------|------|-----------|------------|--|
|                |          |   |             |      |           |            | Accepted Rejected  |
| Response Claim |          | MANDATORY                                       | Segment ID: |      | <b>22</b> |            |  |
| 111            | AM       | Segment Identification                          | A/N         | 2    | X(2)      | Req        |  |
| 455            | EM       | Prescription/Service Reference Number Qualifier | A/N         | 1    | X(1)      | Req        | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2       | Prescription/Service Reference Number           | N           | 12   | 9(12)     | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P3** *Prior Approval Inquiry Response (Claim)*

| Field Number      | Field ID  | Field Name                                | Format    | Size | Pic   | HFS Status |                   |
|-------------------|-----------|---|-----------|------|-------|------------|-------------------|
| Rejected Rejected |           |   |           |      |       |            |                   |
| Response Status   | MANDATORY | Segment ID:                               | <b>21</b> |      |       |            |                   |
| 111               | AM        | Segment Identification                    | A/N       | 2    | X(2)  | Req        |                   |
| 112               | AN        | Transaction Response Status               | A/N       | 1    | X(1)  | Req        |                   |
| 503               | F3        | Authorization Number                      | A/N       | 20   | X(20) | Req        |                   |
| 510               | FA        | Reject Count                              | N         | 2    | 9(2)  | Req        |                   |
| 511               | FB        | Reject Code                               | A/N       | 3    | X(3)  | Req        | *Repeating-Field* |
| 546               | 4F        | Reject Field Occurrence Indicator         | N         | 2    | 9(2)  | Sit        | *Repeating-Field* |
| 130               | UF        | Additional Message Information Count      | N         | 2    | 9(2)  | Sit        |                   |
| 132               | UH        | Additional Message Information Qualifier  | A/N       | 2    | X(2)  | Sit        | *Repeating-Field* |
| 526               | FQ        | Additional Message Information            | A/N       | 40   | X(40) | Sit        | *Repeating-Field* |
| 131               | UG        | Additional Message Information Continuity | A/N       | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549               | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)  | Req        |                   |
| 550               | 8F        | Help Desk Phone Number                    | A/N       | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P4** *Prior Approval Request Only Response (Claim)*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Accepted Deferred |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P4** *Prior Approval Request Only Response (Claim)*

| Field Number    | Field ID  | Field Name                                | Format    | Size | Pic   | HFS Status |                   |
|-----------------|-----------|---|-----------|------|-------|------------|-------------------|
|                 |           |   |           |      |       |            | Accepted Deferred |
| Response Status | MANDATORY | Segment ID:                               | <b>21</b> |      |       |            |                   |
| 111             | AM        | Segment Identification                    | A/N       | 2    | X(2)  | Req        |                   |
| 112             | AN        | Transaction Response Status               | A/N       | 1    | X(1)  | Req        |                   |
| 503             | F3        | Authorization Number                      | A/N       | 20   | X(20) | Req        |                   |
| 130             | UF        | Additional Message Information Count      | N         | 2    | 9(2)  | Req        |                   |
| 132             | UH        | Additional Message Information Qualifier  | A/N       | 2    | X(2)  | Req        | *Repeating-Field* |
| 526             | FQ        | Additional Message Information            | A/N       | 40   | X(40) | Req        | *Repeating-Field* |
| 131             | UG        | Additional Message Information Continuity | A/N       | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549             | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)  | Req        |                   |
| 550             | 8F        | Help Desk Phone Number                    | A/N       | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P4** *Prior Approval Request Only Response (Claim)*

| Field Number   | Field ID  | Field Name                                      | Format    | Size | Pic   | HFS Status |  |
|----------------|-----------|---|-----------|------|-------|------------|--|
|                |           |   |           |      |       |            | Accepted Deferred  |
| Response Claim | MANDATORY | Segment ID:                                     | <b>22</b> |      |       |            |  |
| 111            | AM        | Segment Identification                          | A/N       | 2    | X(2)  | Req        |  |
| 455            | EM        | Prescription/Service Reference Number Qualifier | A/N       | 1    | X(1)  | Req        | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2        | Prescription/Service Reference Number           | N         | 12   | 9(12) | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P4** *Prior Approval Request Only Response (Claim)*

|        |          |            |        |      |     |            |
|--------|----------|------------|--------|------|-----|------------|
| Field  | Field ID |            | Format | Size | Pic | HFS Status |
| Number |          | Field Name |        |      |     |            |

Accepted Deferred

|          |                     |                                     |             |           |    |           |
|----------|---------------------|-------------------------------------|-------------|-----------|----|-----------|
| Response | Prior Authorization | SITUATIONAL                         | Segment ID: | <b>26</b> |    |           |
| 111      | AM                  | Segment Identification              |             | A/N       | 2  | X(2) Req  |
| 498      | PR                  | Prior Authorization Processed Date  |             | N         | 8  | 9(8) Req  |
| 498      | PY                  | Prior Authorization Number Assigned |             | N         | 11 | 9(11) Sit |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P4** *Prior Approval Request Only Response (Claim)*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic      | HFS | Status |  |
|-----------------|----------|-------------------------------|-------------|------|----------|-----|--------|--|
|                 |          |                               | Accepted    |      | Rejected |     |        |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |          |     |        |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)     | Req |        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)     | Req |        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)     | Req |        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)     | Req |        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)     | Req |        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15)    | Req |        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)     | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P4** *Prior Approval Request Only Response (Claim)*

| Field Number    | Field ID | Field Name                                | Format         | Size     | Pic   | HFS Status |                   |
|-----------------|----------|---|----------------|----------|-------|------------|-------------------|
|                 |          |   | Accepted       | Rejected |       |            |                   |
| Response Status |          | MANDATORY                                 | Segment ID: 21 |          |       |            |                   |
| 111             | AM       | Segment Identification                    | A/N            | 2        | X(2)  | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N            | 1        | X(1)  | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N            | 20       | X(20) | Req        |                   |
| 510             | FA       | Reject Count                              | N              | 2        | 9(2)  | Req        |                   |
| 511             | FB       | Reject Code                               | A/N            | 3        | X(3)  | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N              | 2        | 9(2)  | Sit        | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N              | 2        | 9(2)  | Req        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N            | 2        | X(2)  | Req        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N            | 40       | X(40) | Req        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N            | 1        | X(1)  | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N            | 2        | X(2)  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N            | 18       | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P4** *Prior Approval Request Only Response (Claim)*

| Field Number   | Field ID  | Field Name                                      | Format    | Size | Pic   | HFS Status |  |
|----------------|-----------|---|-----------|------|-------|------------|--|
|                |           |   |           |      |       |            | Accepted Rejected  |
| Response Claim | MANDATORY | Segment ID:                                     | <b>22</b> |      |       |            |  |
| 111            | AM        | Segment Identification                          | A/N       | 2    | X(2)  | Req        |  |
| 455            | EM        | Prescription/Service Reference Number Qualifier | A/N       | 1    | X(1)  | Req        | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2        | Prescription/Service Reference Number           | N         | 12   | 9(12) | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P4** *Prior Approval Request Only Response (Claim)*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

**P4** *Prior Approval Request Only Response (Claim)*

| Field Number    | Field ID | Field Name                        | Format                | Size | Pic   | HFS Status |                   |
|-----------------|----------|-----------------------------------|-----------------------|------|-------|------------|-------------------|
|                 |          |                                   | Rejected Rejected     |      |       |            |                   |
| Response Status |          | MANDATORY                         | Segment ID: <b>21</b> |      |       |            |                   |
| 111             | AM       | Segment Identification            | A/N                   | 2    | X(2)  | Req        |                   |
| 112             | AN       | Transaction Response Status       | A/N                   | 1    | X(1)  | Req        |                   |
| 503             | F3       | Authorization Number              | A/N                   | 20   | X(20) | Req        |                   |
| 510             | FA       | Reject Count                      | N                     | 2    | 9(2)  | Req        |                   |
| 511             | FB       | Reject Code                       | A/N                   | 3    | X(3)  | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator | N                     | 2    | 9(2)  | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier  | A/N                   | 2    | X(2)  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number            | A/N                   | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-----------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Accepted Paid   |          |                               |             |      |       |            |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

| Field<br>Number | Field ID | Field Name | Format | Size | Pic | HFS Status |
|-----------------|----------|------------|--------|------|-----|------------|
|-----------------|----------|------------|--------|------|-----|------------|

#### Accepted Paid

Response Insurance                      SITUATIONAL

Segment ID:    **25**

|     |    |                        |     |    |       |     |
|-----|----|------------------------|-----|----|-------|-----|
| 111 | AM | Segment Identification | A/N | 2  | X(2)  | Req |
| 302 | C2 | Cardholder ID          | A/N | 20 | X(20) | Req |

9 byte numeric HFS recipient number for all transactions. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

| Field<br>Number | Field ID  | Field Name                                | Format    | Size | Pic   | HFS Status |                   |
|-----------------|-----------|---|-----------|------|-------|------------|-------------------|
| Accepted Paid   |           |   |           |      |       |            |                   |
| Response Status | MANDATORY | Segment ID:                               | <b>21</b> |      |       |            |                   |
| 111             | AM        | Segment Identification                    | A/N       | 2    | X(2)  | Req        |                   |
| 112             | AN        | Transaction Response Status               | A/N       | 1    | X(1)  | Req        |                   |
| 503             | F3        | Authorization Number                      | A/N       | 20   | X(20) | Req        |                   |
| 130             | UF        | Additional Message Information Count      | N         | 2    | 9(2)  | Sit        |                   |
| 132             | UH        | Additional Message Information Qualifier  | A/N       | 2    | X(2)  | Sit        | *Repeating-Field* |
| 526             | FQ        | Additional Message Information            | A/N       | 40   | X(40) | Sit        | *Repeating-Field* |
| 131             | UG        | Additional Message Information Continuity | A/N       | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549             | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)  | Req        |                   |
| 550             | 8F        | Help Desk Phone Number                    | A/N       | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

| Field Number   | Field ID  | Field Name                                      | Format    | Size | Pic   | HFS Status |  |
|----------------|-----------|---|-----------|------|-------|------------|--|
| Accepted Paid  |           |   |           |      |       |            |  |
| Response Claim | MANDATORY | Segment ID:                                     | <b>22</b> |      |       |            |  |
| 111            | AM        | Segment Identification                          | A/N       | 2    | X(2)  | Req        |  |
| 455            | EM        | Prescription/Service Reference Number Qualifier | A/N       | 1    | X(1)  | Req        | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2        | Prescription/Service Reference Number           | N         | 12   | 9(12) | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

| Field<br>Number | Field ID | Field Name | Format | Size | Pic | HFS Status |
|-----------------|----------|------------|--------|------|-----|------------|
|-----------------|----------|------------|--------|------|-----|------------|

#### Accepted Paid

| Response Pricing | MANDATORY | Segment ID:                   | <b>23</b>                       |
|------------------|-----------|-------------------------------|---------------------------------|
| 111              | AM        | Segment Identification        | A/N      2    X(2)      Req     |
| 505              | F5        | Patient Pay Amount            | N          8    S9(6)v99    Req |
| 562              | J1        | Professional Service Fee Paid | N          8    S9(6)v99    Req |
| 566              | J5        | Other Payer Amount Recognized | N          8    S9(6)v99    Sit |
| 509              | F9        | Total Amount Paid             | N          8    S9(6)v99    Req |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1** Service Billing Response

| Field Number             | Field ID    | Field Name                            | Format    | Size | Pic   | HFS Status |                   |
|--------------------------|-------------|---------------------------------------|-----------|------|-------|------------|-------------------|
| <b>Accepted Paid</b>     |             |                                       |           |      |       |            |                   |
| Response Coordination of | SITUATIONAL | Segment ID:                           | <b>28</b> |      |       |            |                   |
| 111                      | AM          | Segment Identification                | A/N       | 2    | X(2)  | Req        |                   |
| 355                      | NT          | Other Payer ID Count                  | N         | 1    | 9(1)  | Req        |                   |
| 338                      | 5C          | Other Payer Coverage Type             | A/N       | 2    | X(2)  | Req        | *Repeating-Field* |
| 339                      | 6C          | Other Payer ID Qualifier              | A/N       | 2    | X(2)  | Sit        | *Repeating-Field* |
| 340                      | 7C          | Other Payer ID                        | A/N       | 10   | X(10) | Sit        | *Repeating-Field* |
| 991                      | MH          | Other Payer Processor Control Number  | A/N       | 10   | X(10) | Sit        | *Repeating-Field* |
| 356                      | NU          | Other Payer Cardholder ID             | A/N       | 20   | X(20) | Sit        | *Repeating-Field* |
| 992                      | MJ          | Other Payer Group ID                  | A/N       | 15   | X(15) | Sit        | *Repeating-Field* |
| 142                      | UV          | Other Payer Person Code               | A/N       | 3    | X(3)  | Sit        | *Repeating-Field* |
| 127                      | UB          | Other Payer Help Desk Phone Number    | A/N       | 18   | X(18) | Sit        | *Repeating-Field* |
| 143                      | UW          | Other Payer Patient Relationship Code | N         | 1    | 9(1)  | Sit        | *Repeating-Field* |
| 144                      | UX          | Other Payer Benefit Effective Date    | N         | 8    | 9(8)  | Sit        | *Repeating-Field* |
| 145                      | UY          | Other Payer Benefit Termination Date  | N         | 8    | 9(8)  | Sit        | *Repeating-Field* |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS | Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|-----|--------|--|
| Accepted Rejected |          |                               |             |      |       |     |        |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |     |        |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req |        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req |        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req |        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req |        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req |        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req |        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

|        |          |            |        |      |     |            |
|--------|----------|------------|--------|------|-----|------------|
| Field  | Field ID |            | Format | Size | Pic | HFS Status |
| Number |          | Field Name |        |      |     |            |

Accepted Rejected

Response Insurance                      SITUATIONAL

Segment ID:    **25**

|     |    |                        |     |    |       |     |
|-----|----|------------------------|-----|----|-------|-----|
| 111 | AM | Segment Identification | A/N | 2  | X(2)  | Req |
| 302 | C2 | Cardholder ID          | A/N | 20 | X(20) | Req |

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

| Field Number    | Field ID | Field Name                                | Format         | Size     | Pic    | HFS | Status            |
|-----------------|----------|---|----------------|----------|--------|-----|-------------------|
|                 |          |   | Accepted       | Rejected |        |     |                   |
| Response Status |          | MANDATORY                                 | Segment ID: 21 |          |        |     |                   |
| 111             | AM       | Segment Identification                    | A/N            | 2        | X(2)   | Req |                   |
| 112             | AN       | Transaction Response Status               | A/N            | 1        | X(1)   | Req |                   |
| 503             | F3       | Authorization Number                      | A/N            | 20       | X(20)  | Req |                   |
| 510             | FA       | Reject Count                              | N              | 2        | 9(2)   | Req |                   |
| 511             | FB       | Reject Code                               | A/N            | 3        | X(3)   | Req | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N              | 2        | 9(2)   | sit | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N              | 2        | 9(2)   | sit |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N            | 2        | X(2)   | sit | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N            | 40       | X(40)  | sit | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N            | 1        | X(1)   | sit | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N            | 2        | X(2)   | Req |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N            | 18       | X(18)  | Req |                   |
| 987             | MA       | URL                                       | A/N            | 255      | X(255) | Req |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

| Field Number   | Field ID | Field Name                                      | Format      | Size | Pic      | HFS | Status |  |
|----------------|----------|---|-------------|------|----------|-----|--------|--|
|                |          |   | Accepted    |      | Rejected |     |        |  |
| Response Claim |          | MANDATORY                                       | Segment ID: |      | 22       |     |        |  |
| 111            | AM       | Segment Identification                          | A/N         | 2    | X(2)     |     | Req    |  |
| 455            | EM       | Prescription/Service Reference Number Qualifier | A/N         | 1    | X(1)     |     | Req    | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2       | Prescription/Service Reference Number           | N           | 12   | 9(12)    |     | Req    |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S1**    *Service Billing Response*

| Field Number    | Field ID | Field Name                        | Format                | Size | Pic   | HFS Status |                   |
|-----------------|----------|-----------------------------------|-----------------------|------|-------|------------|-------------------|
|                 |          |                                   | Rejected Rejected     |      |       |            |                   |
| Response Status |          | MANDATORY                         | Segment ID: <b>21</b> |      |       |            |                   |
| 111             | AM       | Segment Identification            | A/N                   | 2    | X(2)  | Req        |                   |
| 112             | AN       | Transaction Response Status       | A/N                   | 1    | X(1)  | Req        |                   |
| 503             | F3       | Authorization Number              | A/N                   | 20   | X(20) | Req        |                   |
| 510             | FA       | Reject Count                      | N                     | 2    | 9(2)  | Req        |                   |
| 511             | FB       | Reject Code                       | A/N                   | 3    | X(3)  | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator | N                     | 2    | 9(2)  | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier  | A/N                   | 2    | X(2)  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number            | A/N                   | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S2**    *Service Reversal Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic      | HFS | Status |  |
|-----------------|----------|-------------------------------|-------------|------|----------|-----|--------|--|
|                 |          |                               | Accepted    |      | Approved |     |        |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |          |     |        |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)     | Req |        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)     | Req |        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)     | Req |        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)     | Req |        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)     | Req |        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15)    | Req |        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)     | Req |        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S2**    *Service Reversal Response*

| Field Number    | Field ID  | Field Name                                | Format            | Size | Pic   | HFS Status |                   |
|-----------------|-----------|---|-------------------|------|-------|------------|-------------------|
|                 |           |   | Accepted Approved |      |       |            |                   |
| Response Status | MANDATORY | Segment ID:                               | <b>21</b>         |      |       |            |                   |
| 111             | AM        | Segment Identification                    | A/N               | 2    | X(2)  | Req        |                   |
| 112             | AN        | Transaction Response Status               | A/N               | 1    | X(1)  | Req        |                   |
| 503             | F3        | Authorization Number                      | A/N               | 20   | X(20) | Req        |                   |
| 130             | UF        | Additional Message Information Count      | N                 | 2    | 9(2)  | Sit        |                   |
| 132             | UH        | Additional Message Information Qualifier  | A/N               | 2    | X(2)  | Sit        | *Repeating-Field* |
| 526             | FQ        | Additional Message Information            | A/N               | 40   | X(40) | Sit        | *Repeating-Field* |
| 131             | UG        | Additional Message Information Continuity | A/N               | 1    | X(1)  | Sit        | *Repeating-Field* |
| 549             | 7F        | Help Desk Phone Number Qualifier          | A/N               | 2    | X(2)  | Req        |                   |
| 550             | 8F        | Help Desk Phone Number                    | A/N               | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S2**    *Service Reversal Response*

| Field Number   | Field ID  | Field Name                                      | Format            | Size | Pic   | HFS Status |  |
|----------------|-----------|---|-------------------|------|-------|------------|--|
|                |           |   | Accepted Approved |      |       |            |  |
| Response Claim | MANDATORY | Segment ID:                                     | <b>22</b>         |      |       |            |  |
| 111            | AM        | Segment Identification                          | A/N               | 2    | X(2)  | Req        |  |
| 455            | EM        | Prescription/Service Reference Number Qualifier | A/N               | 1    | X(1)  | Req        | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2        | Prescription/Service Reference Number           | N                 | 12   | 9(12) | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S2**    *Service Reversal Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic      | HFS Status |  |
|-----------------|----------|-------------------------------|-------------|------|----------|------------|--|
|                 |          |                               | Accepted    |      | Rejected |            |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |          |            |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)     | Req        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)     | Req        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)     | Req        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)     | Req        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)     | Req        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15)    | Req        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)     | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S2**    *Service Reversal Response*

| Field Number    | Field ID | Field Name                                | Format         | Size     | Pic   | HFS Status |                   |
|-----------------|----------|---|----------------|----------|-------|------------|-------------------|
|                 |          |   | Accepted       | Rejected |       |            |                   |
| Response Status |          | MANDATORY                                 | Segment ID: 21 |          |       |            |                   |
| 111             | AM       | Segment Identification                    | A/N            | 2        | X(2)  | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N            | 1        | X(1)  | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N            | 20       | X(20) | Req        |                   |
| 510             | FA       | Reject Count                              | N              | 2        | 9(2)  | Req        |                   |
| 511             | FB       | Reject Code                               | A/N            | 3        | X(3)  | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N              | 2        | 9(2)  | Sit        | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N              | 2        | 9(2)  | Sit        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N            | 2        | X(2)  | Sit        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N            | 40       | X(40) | Sit        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N            | 1        | X(1)  | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N            | 2        | X(2)  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N            | 18       | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S2**    *Service Reversal Response*

| Field Number   | Field ID | Field Name                                      | Format      | Size | Pic      | HFS | Status |  |
|----------------|----------|---|-------------|------|----------|-----|--------|--|
|                |          |   | Accepted    |      | Rejected |     |        |  |
| Response Claim |          | MANDATORY                                       | Segment ID: |      | 22       |     |        |  |
| 111            | AM       | Segment Identification                          | A/N         | 2    | X(2)     |     | Req    |  |
| 455            | EM       | Prescription/Service Reference Number Qualifier | A/N         | 1    | X(1)     |     | Req    | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2       | Prescription/Service Reference Number           | N           | 12   | 9(12)    |     | Req    |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S2**    *Service Reversal Response*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S2**    *Service Reversal Response*

| Field Number    | Field ID | Field Name                        | Format                | Size | Pic   | HFS Status |                   |
|-----------------|----------|-----------------------------------|-----------------------|------|-------|------------|-------------------|
|                 |          |                                   | Rejected Rejected     |      |       |            |                   |
| Response Status |          | MANDATORY                         | Segment ID: <b>21</b> |      |       |            |                   |
| 111             | AM       | Segment Identification            | A/N                   | 2    | X(2)  | Req        |                   |
| 112             | AN       | Transaction Response Status       | A/N                   | 1    | X(1)  | Req        |                   |
| 503             | F3       | Authorization Number              | A/N                   | 20   | X(20) | Req        |                   |
| 510             | FA       | Reject Count                      | N                     | 2    | 9(2)  | Req        |                   |
| 511             | FB       | Reject Code                       | A/N                   | 3    | X(3)  | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator | N                     | 2    | 9(2)  | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier  | A/N                   | 2    | X(2)  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number            | A/N                   | 18   | X(18) | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-----------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Accepted Paid   |          |                               |             |      |       |            |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

| Field<br>Number | Field ID<br>Field Name | Format | Size | Pic | HFS Status |
|-----------------|------------------------|--------|------|-----|------------|
|-----------------|------------------------|--------|------|-----|------------|

#### Accepted Paid

Response Insurance                      SITUATIONAL

Segment ID:    **25**

|     |    |                        |     |    |       |     |
|-----|----|------------------------|-----|----|-------|-----|
| 111 | AM | Segment Identification | A/N | 2  | X(2)  | Req |
| 302 | C2 | Cardholder ID          | A/N | 20 | X(20) | Req |

9 byte numeric HFS recipient number for all transactions. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

|        |          |            |        |      |     |            |
|--------|----------|------------|--------|------|-----|------------|
| Field  | Field ID |            | Format | Size | Pic | HFS Status |
| Number |          | Field Name |        |      |     |            |

#### Accepted Paid

|                 |           |   |           |    |       |                          |
|-----------------|-----------|---|-----------|----|-------|--------------------------|
| Response Status | MANDATORY | Segment ID:                               | <b>21</b> |    |       |                          |
| 111             | AM        | Segment Identification                    | A/N       | 2  | X(2)  | Req                      |
| 112             | AN        | Transaction Response Status               | A/N       | 1  | X(1)  | Req                      |
| 503             | F3        | Authorization Number                      | A/N       | 20 | X(20) | Req                      |
| 130             | UF        | Additional Message Information Count      | N         | 2  | 9(2)  | Sit                      |
| 132             | UH        | Additional Message Information Qualifier  | A/N       | 2  | X(2)  | Sit    *Repeating-Field* |
| 526             | FQ        | Additional Message Information            | A/N       | 40 | X(40) | Sit    *Repeating-Field* |
| 131             | UG        | Additional Message Information Continuity | A/N       | 1  | X(1)  | Sit    *Repeating-Field* |
| 549             | 7F        | Help Desk Phone Number Qualifier          | A/N       | 2  | X(2)  | Req                      |
| 550             | 8F        | Help Desk Phone Number                    | A/N       | 18 | X(18) | Req                      |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

| Field Number   | Field ID  | Field Name                                      | Format    | Size | Pic   | HFS Status |  |
|----------------|-----------|---|-----------|------|-------|------------|--|
| Accepted Paid  |           |   |           |      |       |            |  |
| Response Claim | MANDATORY | Segment ID:                                     | <b>22</b> |      |       |            |  |
| 111            | AM        | Segment Identification                          | A/N       | 2    | X(2)  | Req        |  |
| 455            | EM        | Prescription/Service Reference Number Qualifier | A/N       | 1    | X(1)  | Req        | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2        | Prescription/Service Reference Number           | N         | 12   | 9(12) | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

| Field<br>Number | Field ID<br>Field Name | Format | Size | Pic | HFS Status |
|-----------------|------------------------|--------|------|-----|------------|
|-----------------|------------------------|--------|------|-----|------------|

#### Accepted Paid

| Response Pricing                           | MANDATORY | Segment ID: | <b>23</b>            |
|--|-----------|-------------|----------------------|
| 111    AM    Segment Identification        |           | A/N         | 2    X(2)    Req     |
| 505    F5    Patient Pay Amount            |           | N           | 8    S9(6)v99    Req |
| 562    J1    Professional Service Fee Paid |           | N           | 8    S9(6)v99    Req |
| 566    J5    Other Payer Amount Recognized |           | N           | 8    S9(6)v99    Sit |
| 509    F9    Total Amount Paid             |           | N           | 8    S9(6)v99    Req |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

| Field Number             | Field ID    | Field Name                            | Format    | Size | Pic   | HFS Status |                   |
|--------------------------|-------------|---------------------------------------|-----------|------|-------|------------|-------------------|
| <b>Accepted Paid</b>     |             |                                       |           |      |       |            |                   |
| Response Coordination of | SITUATIONAL | Segment ID:                           | <b>28</b> |      |       |            |                   |
| 111                      | AM          | Segment Identification                | A/N       | 2    | X(2)  | Req        |                   |
| 355                      | NT          | Other Payer ID Count                  | N         | 1    | 9(1)  | Req        |                   |
| 338                      | 5C          | Other Payer Coverage Type             | A/N       | 2    | X(2)  | Req        | *Repeating-Field* |
| 339                      | 6C          | Other Payer ID Qualifier              | A/N       | 2    | X(2)  | Sit        | *Repeating-Field* |
| 340                      | 7C          | Other Payer ID                        | A/N       | 10   | X(10) | Sit        | *Repeating-Field* |
| 991                      | MH          | Other Payer Processor Control Number  | A/N       | 10   | X(10) | Sit        | *Repeating-Field* |
| 356                      | NU          | Other Payer Cardholder ID             | A/N       | 20   | X(20) | Sit        | *Repeating-Field* |
| 992                      | MJ          | Other Payer Group ID                  | A/N       | 15   | X(15) | Sit        | *Repeating-Field* |
| 142                      | UV          | Other Payer Person Code               | A/N       | 3    | X(3)  | Sit        | *Repeating-Field* |
| 127                      | UB          | Other Payer Help Desk Phone Number    | A/N       | 18   | X(18) | Sit        | *Repeating-Field* |
| 143                      | UW          | Other Payer Patient Relationship Code | N         | 1    | 9(1)  | Sit        | *Repeating-Field* |
| 144                      | UX          | Other Payer Benefit Effective Date    | N         | 8    | 9(8)  | Sit        | *Repeating-Field* |
| 145                      | UY          | Other Payer Benefit Termination Date  | N         | 8    | 9(8)  | Sit        | *Repeating-Field* |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

| Field Number    | Field ID | Field Name                    | Format      | Size | Pic      | HFS Status |  |
|-----------------|----------|-------------------------------|-------------|------|----------|------------|--|
|                 |          |                               | Accepted    |      | Rejected |            |  |
| Response Header |          | MANDATORY                     | Segment ID: |      |          |            |  |
| 102             | A2       | Version/Release Number        | A/N         | 2    | X(2)     | Req        | Valid value 'D0' for all transactions. |
| 103             | A3       | Transaction Code              | A/N         | 2    | X(2)     | Req        |  |
| 109             | A9       | Transaction Count             | A/N         | 1    | X(1)     | Req        |  |
| 501             | F1       | Header Response Status        | A/N         | 1    | X(1)     | Req        |  |
| 202             | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)     | Req        | Valid value '01'                       |
| 201             | B1       | Service Provider ID           | A/N         | 15   | X(15)    | Req        | 10 position NPI followed by 5 spaces   |
| 401             | D1       | Date Of Service               | N           | 8    | 9(8)     | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

|        |          |            |        |      |     |            |
|--------|----------|------------|--------|------|-----|------------|
| Field  | Field ID |            | Format | Size | Pic | HFS Status |
| Number |          | Field Name |        |      |     |            |

Accepted Rejected

Response Insurance                      SITUATIONAL

Segment ID:    **25**

|     |    |                        |     |    |       |     |
|-----|----|------------------------|-----|----|-------|-----|
| 111 | AM | Segment Identification | A/N | 2  | X(2)  | Req |
| 302 | C2 | Cardholder ID          | A/N | 20 | X(20) | Req |

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

| Field Number    | Field ID | Field Name                                | Format    | Size | Pic                   | HFS Status |                   |
|-----------------|----------|---|-----------|------|-----------------------|------------|-------------------|
|                 |          |   | Accepted  |      | Rejected              |            |                   |
| Response Status |          |   | MANDATORY |      | Segment ID: <b>21</b> |            |                   |
| 111             | AM       | Segment Identification                    | A/N       | 2    | X(2)                  | Req        |                   |
| 112             | AN       | Transaction Response Status               | A/N       | 1    | X(1)                  | Req        |                   |
| 503             | F3       | Authorization Number                      | A/N       | 20   | X(20)                 | Req        |                   |
| 510             | FA       | Reject Count                              | N         | 2    | 9(2)                  | Req        |                   |
| 511             | FB       | Reject Code                               | A/N       | 3    | X(3)                  | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator         | N         | 2    | 9(2)                  | sit        | *Repeating-Field* |
| 130             | UF       | Additional Message Information Count      | N         | 2    | 9(2)                  | sit        |                   |
| 132             | UH       | Additional Message Information Qualifier  | A/N       | 2    | X(2)                  | sit        | *Repeating-Field* |
| 526             | FQ       | Additional Message Information            | A/N       | 40   | X(40)                 | sit        | *Repeating-Field* |
| 131             | UG       | Additional Message Information Continuity | A/N       | 1    | X(1)                  | sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier          | A/N       | 2    | X(2)                  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number                    | A/N       | 18   | X(18)                 | Req        |                   |
| 987             | MA       | URL                                       | A/N       | 255  | X(255)                | Req        |                   |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

| Field Number   | Field ID | Field Name                                      | Format      | Size | Pic      | HFS | Status |  |
|----------------|----------|---|-------------|------|----------|-----|--------|--|
|                |          |   | Accepted    |      | Rejected |     |        |  |
| Response Claim |          | MANDATORY                                       | Segment ID: |      | 22       |     |        |  |
| 111            | AM       | Segment Identification                          | A/N         | 2    | X(2)     |     | Req    |  |
| 455            | EM       | Prescription/Service Reference Number Qualifier | A/N         | 1    | X(1)     |     | Req    | Value '1' for prescription Number.<br>Value '2' for Service Reference Number |
| 402            | D2       | Prescription/Service Reference Number           | N           | 12   | 9(12)    |     | Req    |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

| Field Number      | Field ID | Field Name                    | Format      | Size | Pic   | HFS Status |  |
|-------------------|----------|-------------------------------|-------------|------|-------|------------|--|
| Rejected Rejected |          |                               |             |      |       |            |  |
| Response Header   |          | MANDATORY                     | Segment ID: |      |       |            |  |
| 102               | A2       | Version/Release Number        | A/N         | 2    | X(2)  | Req        | Valid value 'D0' for all transactions. |
| 103               | A3       | Transaction Code              | A/N         | 2    | X(2)  | Req        |  |
| 109               | A9       | Transaction Count             | A/N         | 1    | X(1)  | Req        |  |
| 501               | F1       | Header Response Status        | A/N         | 1    | X(1)  | Req        |  |
| 202               | B2       | Service Provider ID Qualifier | A/N         | 2    | X(2)  | Req        | Valid value '01'                       |
| 201               | B1       | Service Provider ID           | A/N         | 15   | X(15) | Req        | 10 position NPI followed by 5 spaces   |
| 401               | D1       | Date Of Service               | N           | 8    | 9(8)  | Req        |  |

# State of Illinois

## Department of Healthcare and Family Services

### Provider Payor Sheets for NCPDP Version D.0 ECP Response Transactions

#### **S3**    *Service Rebill Response*

| Field Number    | Field ID | Field Name                        | Format                | Size | Pic   | HFS Status |                   |
|-----------------|----------|-----------------------------------|-----------------------|------|-------|------------|-------------------|
|                 |          |                                   | Rejected Rejected     |      |       |            |                   |
| Response Status |          | MANDATORY                         | Segment ID: <b>21</b> |      |       |            |                   |
| 111             | AM       | Segment Identification            | A/N                   | 2    | X(2)  | Req        |                   |
| 112             | AN       | Transaction Response Status       | A/N                   | 1    | X(1)  | Req        |                   |
| 503             | F3       | Authorization Number              | A/N                   | 20   | X(20) | Req        |                   |
| 510             | FA       | Reject Count                      | N                     | 2    | 9(2)  | Req        |                   |
| 511             | FB       | Reject Code                       | A/N                   | 3    | X(3)  | Req        | *Repeating-Field* |
| 546             | 4F       | Reject Field Occurrence Indicator | N                     | 2    | 9(2)  | Sit        | *Repeating-Field* |
| 549             | 7F       | Help Desk Phone Number Qualifier  | A/N                   | 2    | X(2)  | Req        |                   |
| 550             | 8F       | Help Desk Phone Number            | A/N                   | 18   | X(18) | Req        |                   |